



Helping People —

it's who we are and what we do

Nassir Notes

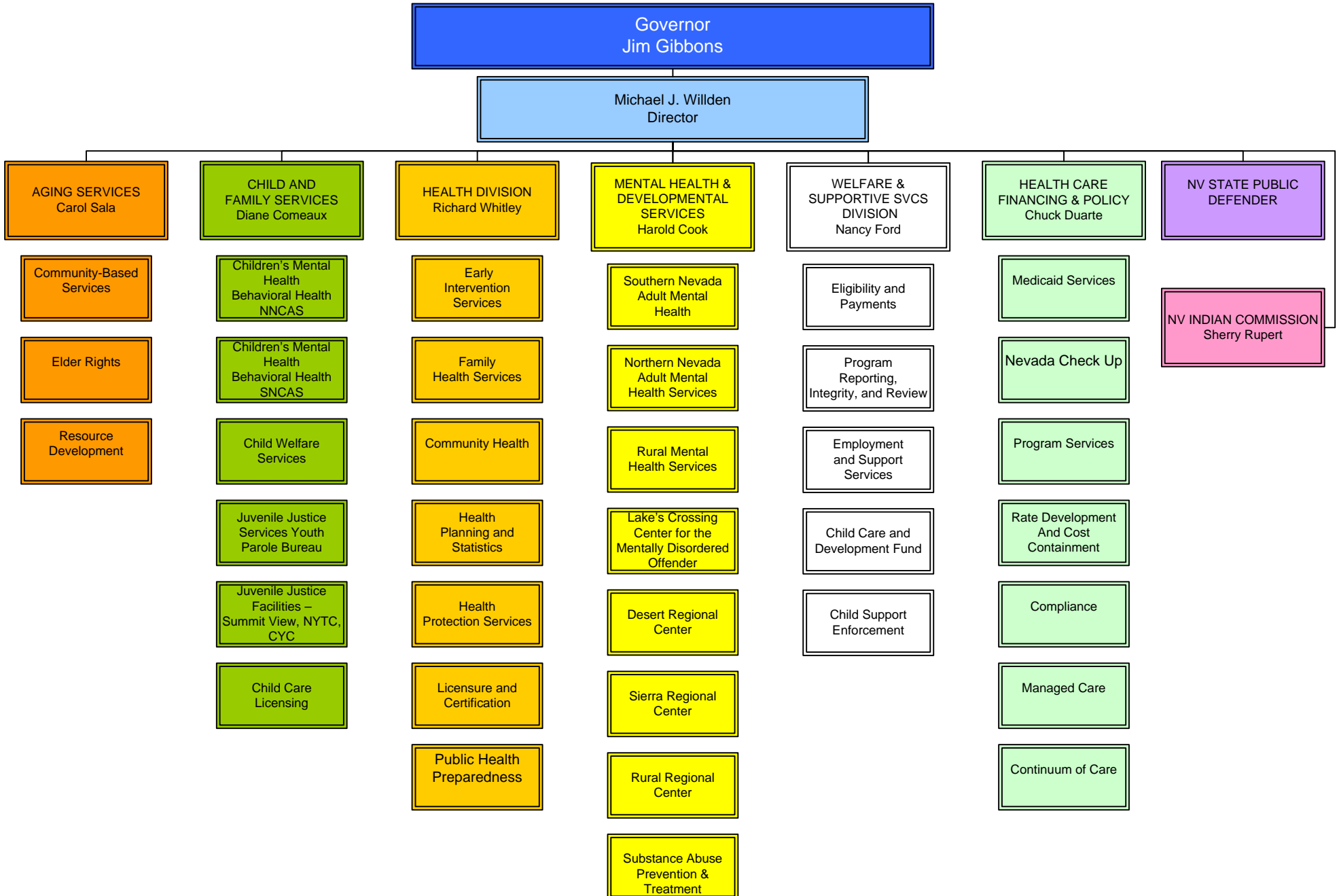
“Quick Facts: DHHS”

State of Nevada
Department of Health and Human Services

Jim Gibbons
Governor

Michael J. Willden
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION ADMINISTRATORS
CARSON CITY
JUNE 9, 2008



Nevada Department of Health and Human Services Director's Office

DHHS "Quick Facts": Statutory Authority

Bordered chapter is main chapter
April 18, 2008

Director's Office: NRS 232, 426, 426A, 428, 430A, 432, 439

Division for Aging Services: NRS 427A

Division of Child and Family Services: NRS 62A-I, 63, 127, 128, 424, 425, 432, 432-A-B, 433B

Division of Health Care Financing and Policy: NRS 422

Health Division: NRS 202, 209, 211, 278, 392, 394, 439, 440, 441A, 442, 444, 445A, 446, 447, 449, 450B, 452, 453A, 454, 457, 459, 461A, 583, 585, 636, 644, 652, 695C, 689B

Indian Commission: NRS 233A

Division of Mental Health and Developmental Services: NRS 175, 178, 433, 433A, 435, 458

Public Defender: NRS 180

Welfare and Supportive Services: NRS 422A

“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

Nevada Department of Health and Human Services
Director’s Office: “Quick Facts”

Nevada Department of Health and Human Services Director's Office

"Quick Facts": Director's Office / 2-1-1 Partnership

Program:

Established by executive Order in February 2006, the Nevada 2-1-1 Partnership was created to implement a multi-tiered response and information plan in the state of Nevada.

2-1-1 is an easy to remember telephone number that, where available, connects people with with important community services and volunteer opportunities. Information on essential health and human services: basic human services, physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities and donations and support for community crisis and disaster recovery.

Hours of Service

2-1-1 is currently available from 8 a.m. through midnight, Monday through Friday and from 8 a.m. to 4 p.m. on Saturday and Sunday.

Service is provided by HELP of Southern Nevada and Crisis Call Center in Northern Nevada.

Partnership Members:

| | |
|--|---|
| Nevada Dept of Health and Human Services | Sprint |
| United Way of Northern Nevada and the Sierra | Nevada Dept of Information and Technology |
| United Way of Southern Nevada | State of Nevada Legislature |
| Crisis Call Center | Volunteer Center of Southern Nevada |
| HELP of Southern Nevada | Nevada Division for Aging Services |
| City of Las Vegas | Washoe County Chronic Disease Coalition |
| City of Reno | Washoe County Senior Services |
| Family TIES of Nevada | Embarq |
| Nevada Disability Advocacy and Law Center | Sierra Pacific Power Company |
| Nevada Public Health Foundation | |
| Nevada Telecommunications Association | |

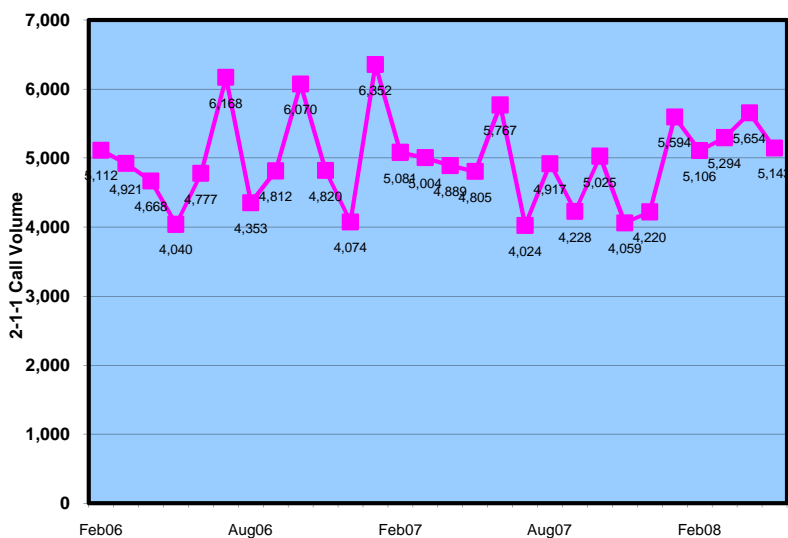
Workload History:

| | |
|--------------------|---------------|
| CY 06: Tot Calls | 53,815 |
| CY 07: Tot Calls | 58,371 |
| CYYTD08: Tot Calls | 26,791 |
| CY 09: Tot Calls | |
| CY 10: Tot Calls | |
| CY 11: Tot Calls | |

CYTD

| | |
|-----------------|---------------|
| Jan 08 | 5,594 |
| Feb | 5,106 |
| Mar | 5,294 |
| Apr | 5,654 |
| May | 5,143 |
| Jun | |
| Jul | |
| Aug | |
| Sep | |
| Oct | |
| Nov | |
| Dec 08 | |
| FY08 Tot | 26,791 |

**Nevada Department of Health & Human Svcs, Director's Office
2-1-1 Monthly Call Volume Feb 2006 - Current (Mar 2008)**



Per Capita/Key Demographics:

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Director's Office / Institutional Review Board

Program:

The DHHS Institutional Review Board (IRB) reviews all research involving human subjects who are clients or staff of the department. Projects of department staff, University faculty and students, and other collaborators with the department are subject to this review. The IRB ensures compliance with basic ethical principles and guidelines regarding the acceptable conduct of research with human subjects, as required by the National Research Act. These principles include respect for the person, beneficence and justice. Respect for the person involves recognition of the personal dignity and autonomy of individuals and special protection of those persons with diminished capacity. Beneficence entails an obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risk of harm. Justice requires that the benefits and burdens of research be distributed fairly.

Membership:

The IRB consists of at least five members with varying backgrounds to promote complete and adequate review of research activities within the Department. Members include: each agency in DHHS who conduct research with human subjects; at least one member who is not employed by DHHS and who is not an immediate family member of DHHS staff; at least one member whose primary concerns are in non-scientific areas; at least one person knowledgeable about working with vulnerable populations, such as children, prisoners, pregnant women, or persons with mental illness, developmental disabilities or physical disabilities.

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Director's Office / Interagency Council on Homelessness

Program:

The Nevada Interagency Council on Homelessness was created by Executive Order in February 2005 to coordinate and focus the state's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides for an integrated approach regarding the issue of homelessness and promotes interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless. Further, the Council is charged with developing a ten-year plan to address chronic homelessness.

Membership:

The Council consists of not more than twenty members appointed by the Governor. These members represent private businesses, state agencies and nonprofit organizations that provide services to homeless people, public housing and local governments. The membership also must include at least one person who is or has been homeless, as well as others with an interest in ending homelessness.

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Senior Rx and Disability Rx

Program:

Nevada Senior Rx and Disability Rx assist eligible applicants to obtain essential prescription medications. Members who are not eligible for Medicare pay \$10 for generic drugs and \$25 for brand drugs. Members who are eligible for Medicare receive help with the monthly premium for their Part D plan and may use the program as a secondary payer during the Medicare Part D coverage gap. Effective Spring 2008, members whose annual incomes are at or below 150% of the Federal Poverty Level will also receive dental and vision benefits

Eligibility:

Residency -- Continuous Nevada resident for the 12 months prior to application.
Annual Household Income Limit -- Effective 7/1/07 = \$24,561 for singles, \$32,42 for couples.
Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.
Dental and Vision Benefits -- Household income at or below 150% of the Federal Poverty Level (in 2007 = \$15,600 for singles and \$21,000 for couples).

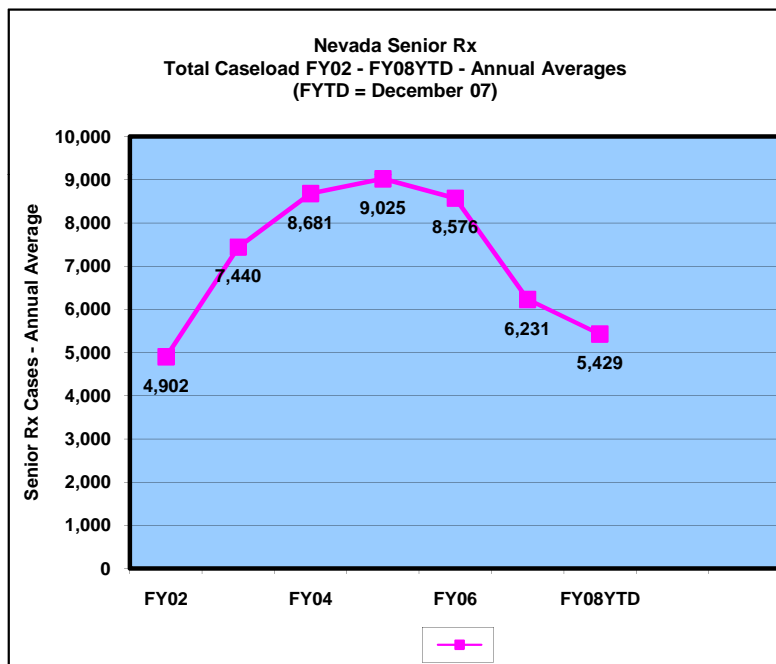
Other: If needed, such as "Need Standard," etc.

Workload History:

| | |
|-------------------|-------------|
| FY 06: Avg Cases: | 8,576 |
| FY 06 TotExpend: | \$4,622,395 |
| FY 06 Tot#Apps: | 1,851 |
| FY 07: Avg Cases: | 6,231 |
| FY 07 TotExpend:* | \$2,166,137 |
| FY 07 Tot#Apps: | 898 |

FYTD

| | |
|----------|--------|
| JUL 07 | 5,537 |
| Aug | 5,592 |
| Sep | 5,409 |
| Oct | 5,449 |
| Nov | 5,374 |
| DEC | 5,214 |
| JAN 08 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 32,575 |
| FY08 Avg | 5,429 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

N/A to Senior Rx and Disability Rx

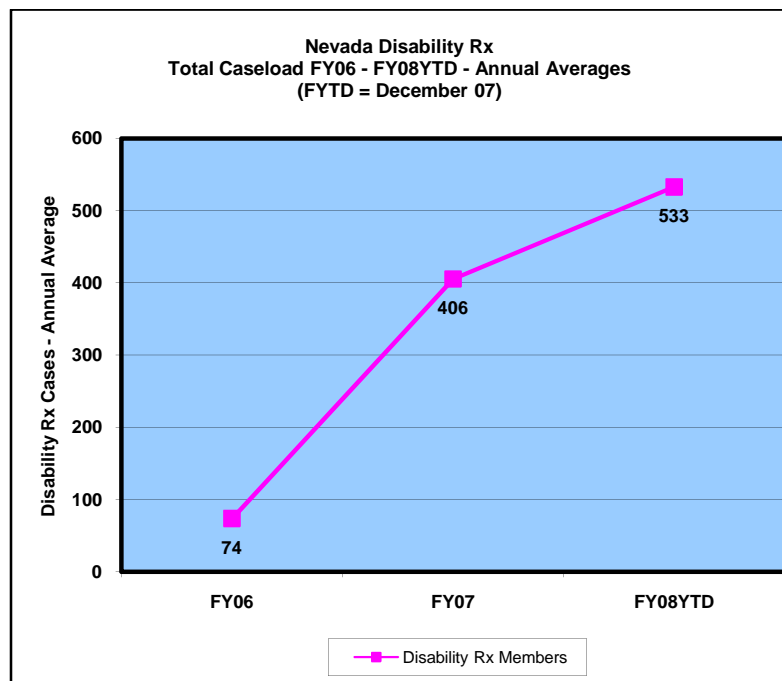
Source: include year of report

Workload History:

| | |
|-------------------|-----------|
| FY 06: Avg Cases: | 74 |
| FY 06 TotExpend: | \$8,608 |
| FY 06 Tot#Apps: | 572 |
| FY 07: Avg Cases: | 406 |
| FY 07 TotExpend:* | \$316,805 |
| FY 07 Tot#Apps: | 423 |

FYTD

| | |
|----------|-------|
| JUL 07 | 549 |
| Aug | 564 |
| Sep | 535 |
| Oct | 517 |
| Nov | 524 |
| DEC | 509 |
| JAN 08 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 3,198 |
| FY08 Avg | 533 |



*Note that an additional \$157,916 was expended in FY07 for state Medicare Part D premium subsidy claims, but the amount cannot accurately be allocated between Senior Rx and Disability Rx.

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Director's Office, Grants Management Unit

Program:

The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services, Director's Office, that administers grants to local, regional, and statewide programs serving Nevadans. The Unit ensures accountability and provides technical assistance for the following programs:

- **Children's Trust Fund (CTF)** prevents child abuse and neglect
- **Community Service Block Grant (CSBG)** promotes economic self-sufficiency, family stability, and community revitalization
- **Family to Family Connection (F2F)** provides information and support on health, safety, and development to families of infants and toddlers
- **Family Resource Centers (FRC)** provide information and referral services along with a variety of support services to families
- **Fund for a Healthy Nevada (FHN)** grants improve health services for children; improve the health and well-being of persons with disabilities; and prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco.
- **Title XX Social Service Block Grant (SSBG)** assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults
- **Revolving Account for Problem Gambling Treatment and Prevention** provides funding for problem gambling treatment, prevention and related services.

Eligibility:

Most GMU funding sources target at-risk populations. CTF focuses on primary and secondary prevention. CSBG targets people at 125% of the Federal Poverty Level. F2F and FRC must conduct outreach to at-risk populations. Some FHN funds are targeted to people with disabilities, others are targeted to children.

Funding Categories with Priority Activities

CHILDREN'S HEALTH

Health Literacy - EPSDT Education
Immunization of Children
Fitness and Nutrition
Oral Health

FAMILY SUPPORT

Parent Training
Child Self-Protection Training
Crisis Intervention
Respite Care
Public Awareness

INDEPENDENT LIVING

Life Skills Training including Vocational Rehabilitation
Transitional Housing
Adaptive Resources
Transportation
Positive Behavior Support

PROBLEM GAMBLING

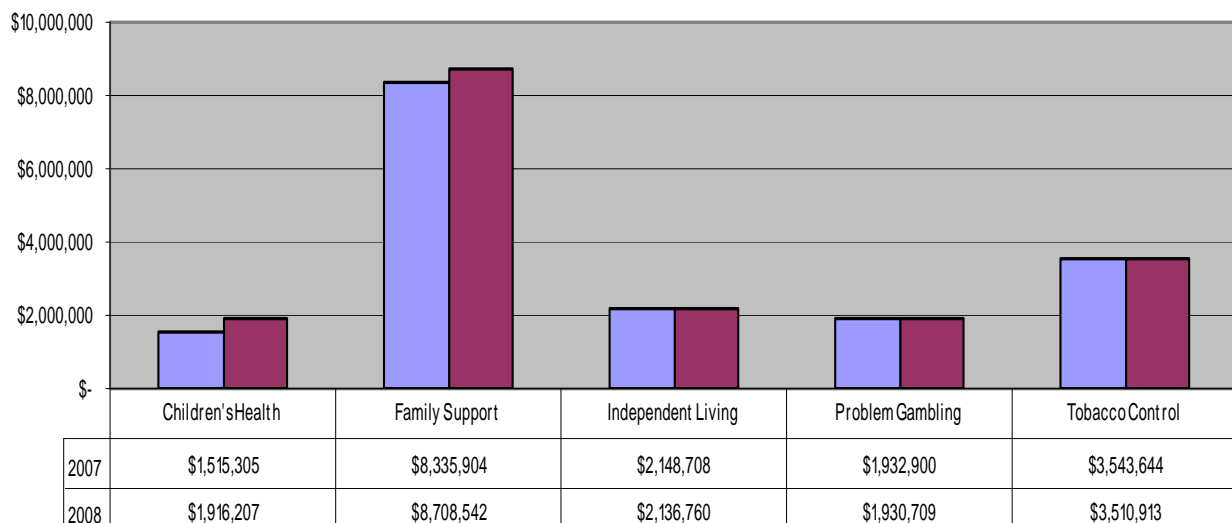
Prevention, Treatment, Workforce Development

TOBACCO CONTROL

Tobacco Prevention and Treatment

Funding by Program Category and Fiscal Year

TXX State not included



Nevada Department of Health and Human Services Director's Office

"Quick Facts": DO / Head Start State Collaboration Office

Program:

Through statewide partnerships, the Nevada Head Start State Collaboration Office enhances relationships, builds systems, and promotes comprehensive quality services to meet the needs of young children and their families. The federal Office of Head Start within the Department of Health and Human Services, Administration of Children and Families, provides a grant to each state to facilitate collaboration, which is important to Head Start programs for the provision of comprehensive services including education, health, nutrition, parenting education, social skills and more.

The Nevada Head Start State Collaboration Office (HSSCO) does not regulate or oversee Head Start programs. Instead, state collaboration offices assess the needs of grantees specific to collaboration with health and other service providers. The bulk of this work is facilitated through the HSSCO Partnership Committee whose members include representatives from the Nevada State Health Division, Division of Child and Family Services, Division of Welfare and Supportive Services, Child Care and Development, Nevada Literacy Coalition, Nevada State Higher Education Institutions, Services for Homeless Children, State Department of Education, Public television, and Head Start grantees including those providing services to children and families in tribal and migrant/seasonal programs.

Head Start and Early Head Start programs promote school readiness for economically disadvantaged children by enhancing their social and cognitive development through the provision of educational, health, nutritional, social and other services. Head Start programs serve children ages 3-5 and their families. Early Head Start programs serve pregnant women and children birth to 3 and their families. The federal Office of Head Start (OHS) provides grants to operate both Head Start and Early Head Start programs directly to public and private non-profit agencies in Nevada. Programs engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

Eligibility:

Head Start programs primarily serve children and families living in poverty. However, up to 10% of children and families enrolled do not have to meet any income requirement. 10% of total each program's enrollment must also be comprised of children with diagnosed disabilities or special needs. When the *"Improving Head Start for School Readiness Act of 2007"* was passed, programs were provided the flexibility to allow up to 35% of children living in families with incomes up to 130% of the federal poverty level, provided the program demonstrates that all eligible children living at or below the poverty level in the community had been given the opportunity for enrollment.

Other:

By September 30, 2013, half of all Head Start teachers must have a bachelor degree related to Early Childhood, and teacher assistants must have a Child Development Associate and be enrolled in an AA/BA degree program related to Early Childhood to be completed within 2 years. Head Start programs currently provide financial support to teachers and teacher assistants to help them attain degrees. However, programs report that when those employees complete their degrees, they often go to work for local school districts or in another field where they receive higher wages. The new Head Start act requires that teachers receiving tuition assistance for college education teach for at least 3 years after their degree is completed or they will have to pay back the loan (or a prorated amount).

Per Capita/Key Demographics:

Head Start programs in Nevada will receive more than \$24 million in Head Start funding and serve almost 4,000 children in 2008. However, this funding allows less than 15% of the state's eligible children to receive the comprehensive early childhood development services provided by these programs. More than 17% of children enrolled in Nevada Head Start programs are children with a diagnosed disability or special need.

| Fiscal Year | \$ to Nevada HS | Total Enrollment | FedFundPerEnrollmnt |
|-------------|-----------------|------------------|---------------------|
| FY 02 | \$19,785,629 | 2,941 | \$6,728 |
| FY 03 | \$23,315,025 | 3,603 | \$6,471 |
| FY 04 | \$23,698,194 | 3,764 | \$6,296 |
| FY 05 | \$24,215,081 | 3,853 | \$6,285 |
| FY 06 | \$24,015,210 | 3,896 | \$6,164 |

Note: Tot Enrollment = total # children served during FY; each child is not necessarily in the program for 12 mos.

Note: Costs to serve a child over time has increased while federal funding per child has decreased

Nevada Department of Health and Human Services, Director's Office

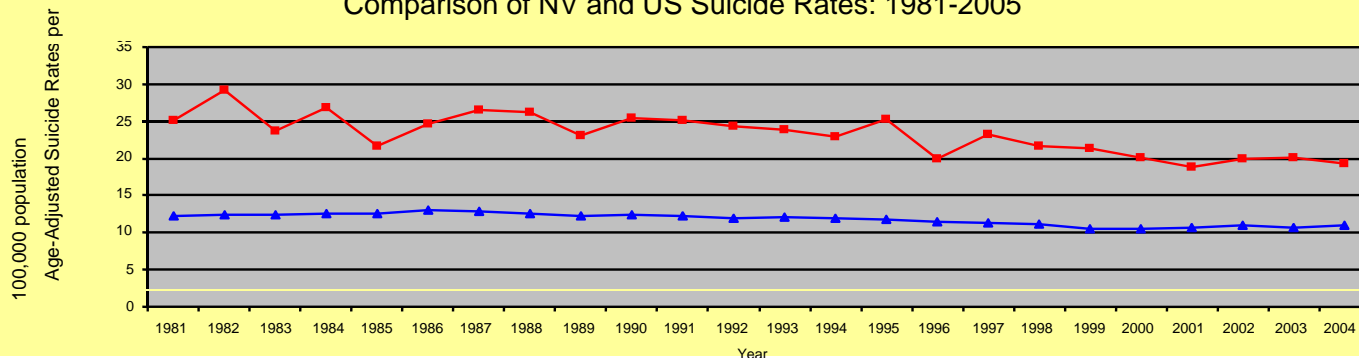
"Quick Facts": Office of Suicide Prevention

Program:

The Office of Suicide Prevention is the clearinghouse for suicide and suicide prevention information for State of Nevada. The Suicide Prevention Coordinator, located in Carson City, and the Suicide Prevention Trainer and Networking Facilitator, located in Las Vegas, are responsible for the development, implementation and evaluation of the Nevada Suicide Prevention Plan (NSSP). The NSSP is a comprehensive plan with 11 goals and 35 objectives that encompasses the lifespan.

Other: If needed, such as "Need Standard," etc.

Comparison of NV and US Suicide Rates: 1981-2005



Per Capita/Key Demographics:

■ NV Rate ■ US Rate

Include year to which Nevada's ranking refers and include high state and low state for that year

The Facts about Suicide

- Nevada has the 2nd highest rate in the nation at 19.2/100,000.
- Nevada's rate is double the national average of 10.9/100,000.
- Suicide is the 6th leading cause of death for Nevadans.
- Suicide is the 3rd leading cause of death for our youth age 10-24.
- Males make up 80% of suicide deaths at an average rate of 33.3 per 100,000.
- Nevada seniors over 60 have the highest suicide rate in the nation, over double the national average rate for the same age group.
- More Nevadans die by suicide than by homicide, HIV/AIDS or automobile accidents.
- Native American Youth have the highest rate of suicide.
- Firearms are used in 59% of suicide deaths.
- Average medical cost per suicide completion in Nevada: \$3,305.*
- The estimated cost of Nevadans dying by suicide in 2004: \$1,454,200.*

*Source: S
 *Source: Suicide prevention Resource Center, State of Nevada Fact Sheet Online, 2007. Costs are based on 1999-2003 averages. Calculation based on CDC 2004 Suicide deaths for Nevada (n=440) and the assumption medical costs remain same.

Nevada Department of Health and Human Services Director's Office

"Quick Facts": Disability Services- Independent Living

Program:

The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The program provides one-time services that are not provided on an ongoing basis.

Eligibility:

Applicant must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

Other:

Funding for this program is provided through a Federal and State partnership. It is a "resource of last resort," meaning that applicants must exhaust other public and private resources before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

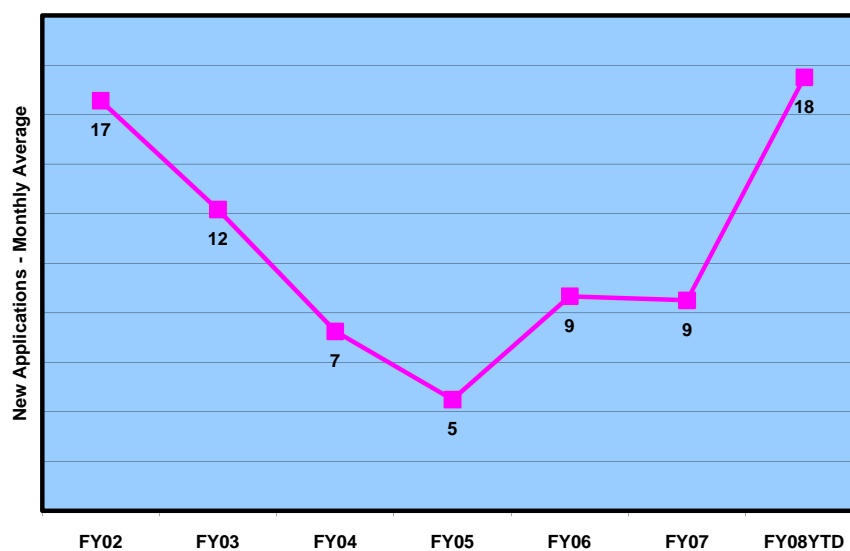
Workload History:

| | |
|---------------------|-------------|
| FY 06 Applications: | 104 |
| FY 06 Closures: | 184 |
| FY 06 Expenditures: | \$1,065,000 |
| FY 07 Applications: | 102 |
| FY 07 Closures: | 155 |
| FY 07 Expenditures: | \$1,036,000 |

FYTD- Applications:

| | |
|----------|-----|
| JUL 07 | 8 |
| Aug | 14 |
| Sep | 3 |
| Oct | 64 |
| Nov | 10 |
| Dec | 6 |
| JAN 08 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| JUN 08 | |
| FY08 Tot | 105 |
| FY08 Avg | 18 |

Office of Disability Services:
Independent Living MONTHLY APPLICATIONS
FY02 - FY08YTD Monthly Averages
(FYTD = March 08)



Per Capita/Key Demographics:

2008 applications are up significantly because of the one-shot funds allocated for children with Autism. Excluding these Autism cases, the FY08 YTD average applications is only 5. The average household income of program applicants is \$1598 per month.

Source: Program database

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Disability Services- Personal Assistance Services

Program:

This program provides in-home assistance with daily tasks like bathing, toileting and eating. Service recipients share in the cost of their services, based upon a sliding scale formula. Services are typically provided on an ongoing basis, however some applicants have terminal conditions and are only assisted for short-term periods. The program's caseload data tracks long-term and terminal clients separately.

Eligibility:

Applicants must be over age 18, have a severe physical disability, need assistance with bathing toileting AND eating, and must have all their care needs addressed when the resources of this program are combined with other resources available to the applicant (family, friends, assistive technology, private-pay care, etc.).

Other:

Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of PAS, before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

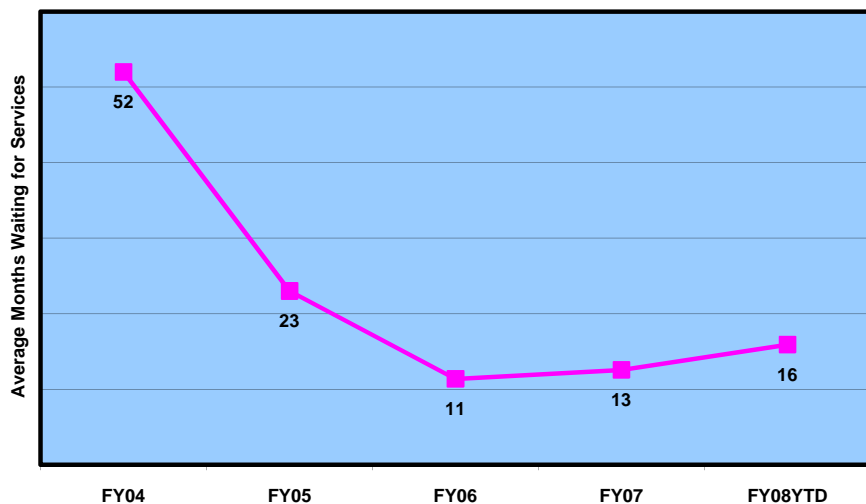
Workload History:

| | |
|---------------------|-------------|
| FY 06 Applications: | 86 |
| FY 06 Closures: | 79 |
| FY 06 Expenditures: | \$3,424,000 |
| FY 07 Applications: | 113 |
| FY 07 Closures: | 57 |
| FY 07 Expenditures: | \$3,951,000 |

FYTD- Applications:

| | |
|----------|----|
| JUL 07 | 8 |
| Aug | 2 |
| Sep | 2 |
| Oct | 1 |
| Nov | 0 |
| Dec | 0 |
| JAN 08 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| JUN 08 | |
| FY08 Tot | 13 |
| FY08 Avg | 2 |

Office of Disability Services:
Personal Assistance WAITING TIME IN MONTHS
FY04 - FY08YTD Annual Averages
(FYTD = March 08)



Per Capita/Key Demographics:

The average monthly household income for PAS recipients is 230% of the federal poverty level.

Source: Program database

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Disability Services- Traumatic Brain Injury Services

Program:

The Traumatic Brain Injury Program provides one-time rehabilitation services that enable recipients to gain or maintain a level of independence, by re-learning how to walk, talk and conduct other routine activities. After a person is injured, there is a short window of opportunity in which they can be effectively rehabilitated.

Eligibility:

Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

Other:

Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of funding before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

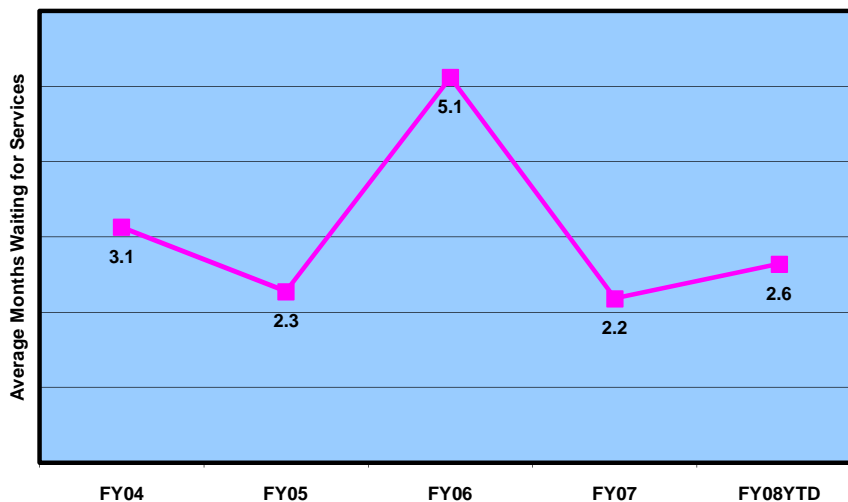
Workload History:

| | |
|---------------------|-----------|
| FY 06 Applications: | 31 |
| FY 06 Closures: | 16 |
| FY 06 Expenditures: | \$536,438 |
| FY 07 Applications: | 39 |
| FY 07 Closures: | 16 |
| FY 07 Expenditures: | \$538,823 |

FYTD- Applications:

| | |
|----------|----|
| JUL 07 | 8 |
| Aug | 2 |
| Sep | 2 |
| Oct | 1 |
| Nov | 0 |
| Dec | 0 |
| JAN 08 | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| JUN 08 | |
| FY08 Tot | 13 |
| FY08 Avg | 2 |

Office of Disability Services:
Traumatic Brain Injury WAITING TIME IN MONTHS
FY04 - FY08YTD Annual Averages
(FYTD = March 08)



Per Capita/Key Demographics:

Traumatic Brain Injury is SIX TIMES more common than breast cancer, HIV/AIDS, spinal cord injuries and Multiple Sclerosis COMBINED.

Source: <http://www.biausa.org/BIAUSA.ORG/word.files.to.pdf/good.pdfs/factsheets/TBIncidence.pdf>

“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

**Nevada Department of Health and Human Services
Division for Aging Services: “Quick Facts”**

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Division for Aging Services/Advocate for Elders

Program:

Advocate for Elders

This program enables older persons and their family members to make informed decisions and enhance the ability of family caregivers to continue their care for their older family members.

Eligibility:

Seniors age 60 and older, residing in communities throughout Nevada

Other: I

The data below for "client contacts" includes: phone, walk-ins and e-mails. Data prior to FY06 was stored in old system

Workload History:

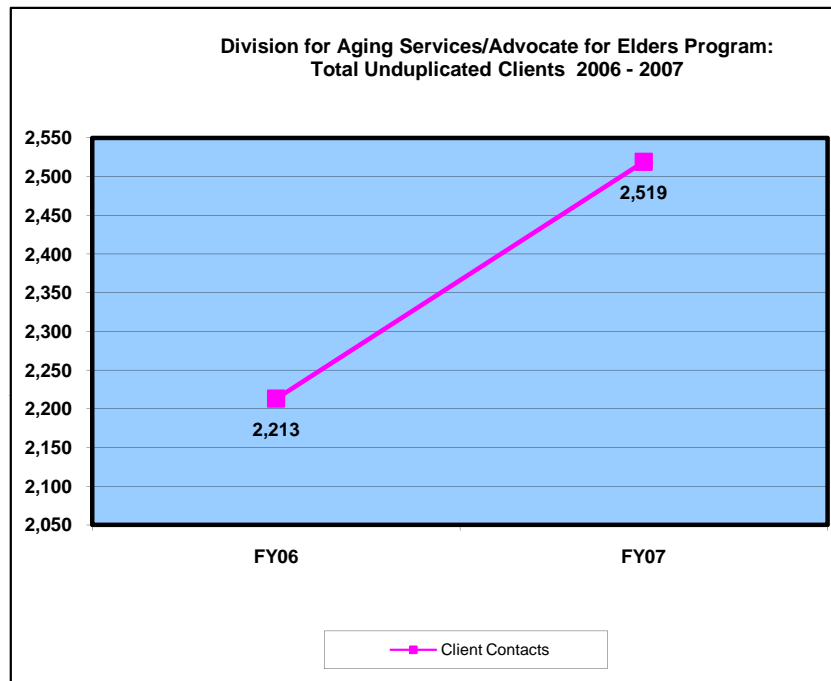
| | |
|-----------------------|-------|
| 2006: Client Contacts | 2,213 |
| 2007: Client Contacts | 2,519 |

YTD

SFY08

| | |
|-----------|-----|
| July 2007 | 209 |
| Aug | 168 |
| Sept | 213 |
| Oct | 218 |
| Nov | 169 |
| Dec | 194 |
| Jan | 236 |
| Feb | 241 |

| | |
|-----------------|-------|
| Total SFY08 YTD | 1,479 |
| Monthly Avg | 185 |



Nevada Department of Health and Human Services Director's Office

"Quick Facts": DAS/AL Waiver Program

Program:

The Assisted Living waiver maximizes the independence of Nevada's frail elderly by providing assisted living services to eligible individuals in a residential facility that includes individual living units, a kitchenette, sleeping area or bedroom, and contain private toilet facilities that offer 24-hour supervised care.

Eligibility:

Must be 65 years old or older; financially eligible (300% of SSI income below \$1911.00); at risk of nursing home placement and in need of a more integrated and supervised environment.

Other:

Benefit Level Chart - Appendix D - MAABD Program Manual

| SSI INDIVIDUAL | | | | | | | | | 300% OF SSI County Match |
|----------------|----------|----------|----------|---------------------|----------|----------|----------|----------|-----------------------------|
| | Aged | Blind | Disabled | Medicare Premium | Vet | A&A | Widow | A&A | |
| 2008 | \$673.40 | \$746.30 | \$637.00 | \$96.40 | \$951.00 | \$628.00 | \$637.00 | \$382.00 | \$994.01 |
| | | | | | | | | | \$1911.00 |

Workload History:

FY 06: Avg Caseload:

FY 06 Budgeted avg caseload:

FY 06 Avg wait list:

FY 06: Total Expenditures:

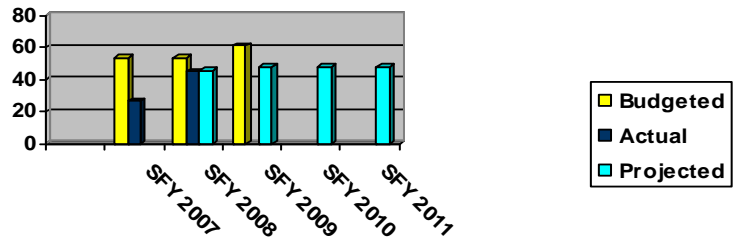
FY 07: Avg Caseload: **27**

FY 07 Budgeted avg caseload: **54**

FY 07 Avg wait list: **1**

FY 07: Total Expenditures: **\$ 137,118**

AL Monthly Average Budgeted-Actual-Projected Slots
SFY 2007 - SFY 2011



FYTD

Caseload Waitlist

| | | |
|----------|-----|---|
| JUL 07 | 48 | 0 |
| Aug | 46 | 0 |
| Sep | 45 | 2 |
| Oct | 46 | 0 |
| Nov | 44 | 0 |
| DEC | 42 | 0 |
| JAN 08 | 43 | 0 |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| JUN | | |
| FY08 Tot | 314 | 2 |
| FY08 Avg | 45 | 0 |

Per Capita/Key Demographics:

In FY 2006 the U.S census bureau reported Nevada's total population at 2,495,529 of this amount 396,998 are over the age of 60. This equates to 16% of the states population is over the age of 60. In 2006 Nevada ranked 45th whose state contains a population over the age of 65.

Source: <http://factfinder.census.gov>

Nevada Department of Health and Human Services Director's Office

"Quick Facts": DAS/CHIP Medicaid Waiver Program

Program:

The Community Home Based Initiatives Program (CHIP) provides non-medical services to older persons to help them maintain independence in their own homes as an alternative to nursing home placement. CHIP services can include the following non-medical services: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore Services, Respite, Nutrition Therapy

Eligibility:

Must be 65 years old or older; be at risk of institutionalization (nursing home placement); financially eligible (300% of SSI income below \$1911.00); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring.

Other:

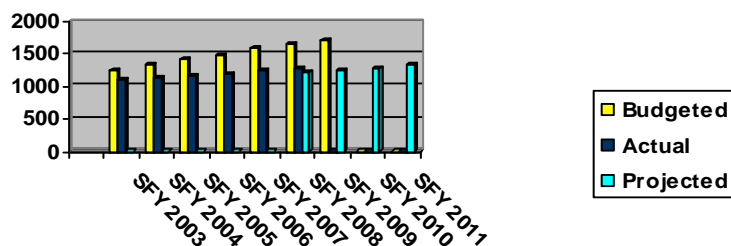
Benefit Level Chart - Appendix D - MAABD Program Manual

| | SSI INDIVIDUAL | | | | | | | | 300% OF SSI County Match |
|------|----------------|----------|----------|---------------------|----------|----------|----------|----------|-----------------------------|
| | Aged | Blind | Disabled | Medicare Premium | Vet | A&A | Widow | A&A | |
| 2008 | \$673.40 | \$746.30 | \$637.00 | \$96.40 | \$951.00 | \$628.00 | \$637.00 | \$382.00 | \$994.01 |
| | | | | | | | | | \$1911.00 |

Workload History:

| | |
|------------------------------|--------------|
| FY 06: Avg Caseload: | 1,199 |
| FY 06 Budgeted avg caseload: | 1,478 |
| FY 06 Avg wait list: | 278 |
| FY 06: Total Expenditures: | \$ 6,025,569 |
| FY 07: Avg Caseload: | 1,251 |
| FY 07 Budgeted avg caseload: | 1575 |
| FY 07 Avg wait list: | 344 |
| FY 07: Total Expenditures: | \$ 5,980,052 |

CHIP Monthly Average Budgeted-Actual-Projected Slots
SFY 2003 - SFY 2011



FYTD

| | Caseload | Waitlist |
|----------|----------|----------|
| JUL 07 | 1,307 | 390 |
| Aug | 1,309 | 396 |
| Sep | 1,309 | 424 |
| Oct | 1,254 | 450 |
| Nov | 1,238 | 375 |
| DEC | 1,231 | 261 |
| JAN 08 | 1,203 | 105 |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| JUN | | |
| FY08 Tot | 8,851 | 2,401 |
| FY08 Avg | 1,264 | 343 |

Per Capita/Key Demographics:

In FY 2006 the U.S census bureau reported Nevada's total population at 2,495,529 of this amount 396,998 are over the age of 60. This equates to 16% of the states population is over the age of 60. In 2006 Nevada ranked 45th whose state contains a population over the age of 65. <http://factfinder.census.gov>

Nevada Department of Health and Human Services Director's Office

"Quick Facts": DAS/COPE Program

Program: The Community Options Program for the Elderly (COPE) provides services to older persons to help them maintain independence in their own homes as an alternative to nursing home placement.

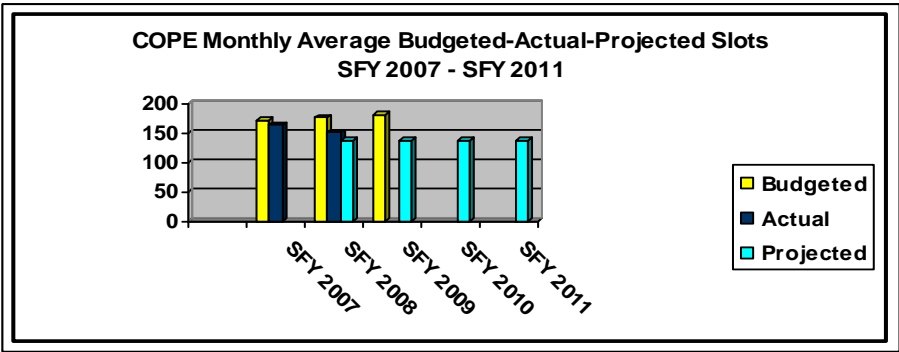
Eligibility: Must be 65 years old or older; financially eligible (300% of SSI income below \$1911.00); at risk of nursing home placement without supports and waiver services to keep them in their home and community. Meet criteria of NRS 426 – unable to bathe, toilet and feed self.

Other:

| Benefit Level Chart - Appendix D - MAABD Program Manual | | | | | | | | | |
|---|----------|----------|----------|------------------|----------|----------|----------|----------|--------------------------|
| SSI INDIVIDUAL | | | | | | | | | 300% OF SSI County Match |
| | Aged | Blind | Disabled | Medicare Premium | Vet | A&A | Widow | A&A | |
| 2008 | \$673.40 | \$746.30 | \$637.00 | \$96.40 | \$951.00 | \$628.00 | \$637.00 | \$382.00 | \$994.01 |
| | | | | | | | | | \$1911.00 |

Workload History:

| | |
|------------------------------|--------------|
| FY 06: Avg Caseload: | 161 |
| FY 06 Budgeted avg caseload: | 167 |
| FY 06 Avg wait list: | 62 |
| FY 06: Total Expenditures: | \$ 2,046,768 |
| FY 07: Avg Caseload: | 164 |
| FY 07 Budgeted avg caseload: | 172 |
| FY 07 Avg wait list: | 105 |
| FY 07: Total Expenditures: | \$ 2,229,861 |



Per Capita/Key Demographics:

In FY 2006 the U.S census bureau reported Nevada's total population at 2,495,529 of this amount 396,998 are over the age of 60. This equates to 16% of the states population is over the age of 60. In 2006 Nevada ranked 45th whose state contains a population over the age of 65.
Source: <http://factfinder.census.gov>

| | FYTD | |
|----------|----------|----------|
| | Caseload | Waitlist |
| JUL 07 | 163 | 117 |
| Aug | 157 | 112 |
| Sep | 154 | 115 |
| Oct | 152 | 108 |
| Nov | 151 | 91 |
| DEC | 142 | 69 |
| JAN 08 | 137 | 39 |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| JUN | | |
| FY08 Tot | 1,056 | 651 |
| FY08 Avg | 151 | 93 |

Nevada Department of Health and Human Services Director's Office

"Quick Facts": DAS/WEARC Waiver Program

Program:

The Waiver for the Elderly in Adult Residential Care (WEARC) is offered to individuals as a less expensive alternative of supervised care in a residential setting. WECARC services can include the following non-medical services: Case Management these services are provided by Division for Aging Services; Personal Care services are provided by the group home and can include bathing, dressing, transferring, walking, oral care, feeding, toileting, transportation.

Eligibility:

Must be 65 years old or older; financially eligible (300% of SSI income below \$1911.00); functioning at an intermediate level of care; ambulatory (able to walk unassisted or walk with a cane or walker or transfer independently from a wheelchair); able to protect his/her self in case of an emergency and possess average judgment.

Other:

Benefit Level Chart - Appendix D - MAABD Program Manual

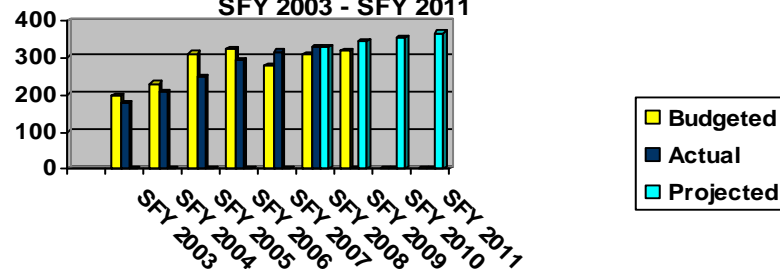
| | SSI INDIVIDUAL | | | | | | | | 300% OF SSI County Match |
|------|----------------|----------|----------|---------------------|----------|----------|----------|----------|-----------------------------|
| | Aged | Blind | Disabled | Medicare Premium | Vet | A&A | Widow | A&A | |
| 2008 | \$673.40 | \$746.30 | \$637.00 | \$96.40 | \$951.00 | \$628.00 | \$637.00 | \$382.00 | \$994.01 |
| | | | | | | | | | \$1911.00 |

Workload History:

| | |
|------------------------------|---------------------|
| FY 06: Avg Caseload: | 292 |
| FY 06 Budgeted avg caseload: | 321 |
| FY 06 Avg wait list: | 18 |
| FY 06: Total Expenditures: | \$ 883,558 |
| FY 07: Avg Caseload: | 315 |
| FY 07 Budgeted avg caseload: | 276 |
| FY 07 Avg wait list: | 69 |
| FY 07: Total Expenditures: | \$ 1,013,565 |

WEARC Monthly Average Budgeted-Actual-Projected
Slots

SFY 2003 - SFY 2011



FYTD

| | Caseload | Waitlist |
|----------|----------|----------|
| JUL 07 | 345 | 116 |
| Aug | 349 | 115 |
| Sep | 317 | 126 |
| Oct | 320 | 135 |
| Nov | 315 | 94 |
| DEC | 320 | 82 |
| JAN 08 | 319 | 120 |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| JUN | | |
| FY08 Tot | 2,285 | 788 |
| FY08 Avg | 326 | 113 |

Per Capita/Key Demographics:

In FY 2006 the U.S census bureau reported Nevada's total population at 2,495,529 of this amount 396,998 are over the age of 60. This equates to 16% of the states population is over the age of 60. In 2006 Nevada ranked 45th whose state contains a population over the age of 65. Source <http://factfinder.census.gov>

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Division for Aging Services/Elder Protective Services Program

Program:

The Division for Aging Services (DAS) Elder Protective Services (EPS) program assists persons 60 years and older who may experience abuse, neglect, exploitation and isolation in the community or in a long term care facility. DAS is one of three entities responsible for receiving and investigating reports of abuse, neglect (including self-neglect), exploitation and isolation of older persons. The other two entities named in statute (NRS 200.5093) are police departments or sheriff's offices and county offices for protective services. Clark County is the only county in Nevada with a protective services program for seniors.

Once a report is made, the case is assigned to a licensed social worker for investigation. The law requires the investigation to commence within three working days from the date the report is received. Some reported situations require immediate attention and EPS may contact the local law enforcement agency or emergency response services to respond to the situation. During times the DAS office is closed, the Crisis Call Center receives elder abuse reports and sends them to DAS for investigation.

EPS social workers refer cases where a crime may have been committed against an older person to the appropriate law enforcement agency for possible investigation and prosecution. The EPS Program provides interventions that will remove older victims from risk including those that require client agreement, a court order, or other action under the cover of the law to prevent further abuse or neglect. Self-neglect is the single largest problem among elder abuse victims and accounts for over 40% of all elder abuse cases reported to DAS.

EPS provides numerous training sessions for various community organizations and providers regarding elder abuse and mandatory reporting laws. These trainings include small groups of volunteers or employees, large organizations, law enforcement trainees, or large provider groups. This is an important role for EPS in assisting the public to recognize, prevent and report abuse, neglect, exploitation and isolation of Nevada's older persons.

Eligibility:

Any older person, defined by NRS as 60 years old or older, is eligible for Elder Protective Services. DAS investigates elder abuse reports in all counties of the state. However, In Clark County, DAS investigates reports concerning Medicaid eligible seniors living in the community and the county's Senior Citizens Protective Services (SCPS) investigates reports made on all non-Medicaid eligible individuals. DAS investigates all long term care facility elder abuse reports in Clark County, regardless of payer source.

Other:

Statistics:

1. Number of reports investigated:

- FY07: 2,052
- FY08 (July – Dec): 1,137

2. Caseload – average number of cases per social worker (12 FTE) per month:

- FY07:(Jan – June) = 48 cases
- FY08: (July – Dec) = 55 cases

Per Capita/Key Demographics:

In FY 2006 the U.S census bureau reported Nevada's total population at 2,495,529 of this amount 396,998 are over the age of 60. This equates to 16% of the states population is over the age of 60. In 2006 Nevada ranked 45th whose state contains a population over the age of 65.

Source: <http://factfinder.census.gov>

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Division for Aging Services/Older Americans Act Title III-B

Program:

Older Americans Act Title III-B

The following are among the services funded: senior companion; transportation; adult day care; home-maker; information, assistance and advocacy; representative payee; caregiver support, education and training; legal services; telephone reassurance; volunteer services; Lifeline; case management; respite; and transitional housing

Eligibility:

Individuals throughout Nevada age 60 and older, with particular attention to low-income older individuals including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Other:

Numbers represent clients of the program and not caseloads. Program does not carry caseloads. Information totals are reported to the Federal Government on a yearly basis and not tracked by monthly totals.

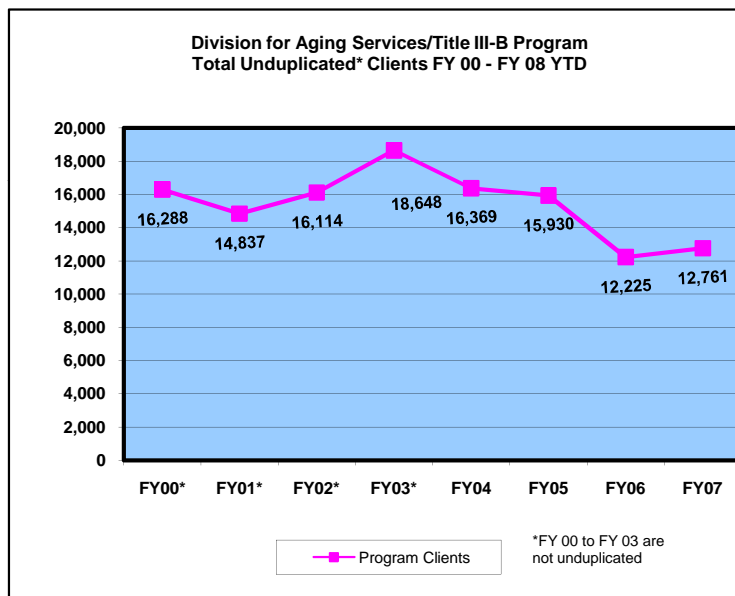
The decline in unduplicated clients beginning in FY'05 is due to shifting of transportation programs from III-B funding to ILG funding.

Workload History:

| | |
|-----------------------------------|---------|
| FY 00: Clients (not Unduplicated) | 16,288 |
| FY 00: Units of Service | 769,046 |
| FY 01: Clients (not Unduplicated) | 14,837 |
| FY 01: Units of Service | 824,723 |
| FY 02: Clients (not Unduplicated) | 16,114 |
| FY 02: Units of Service | 707,436 |
| FY 03: Clients (not Unduplicated) | 18,648 |
| FY 03: Units of Service | 825,215 |
| FY 04: Unduplicated Clients | 16,369 |
| FY 04: Units of Service | 827,718 |
| FY 05: Unduplicated Clients | 15,930 |
| FY 05: Units of Service | 827,787 |
| FY 06: Unduplicated Clients | 12,225 |
| FY 06: Units of Service | 659,865 |
| FY 07: Unduplicated Clients | 12,761 |
| FY 07: Units of Service | 566,625 |

FYTD

| | |
|----------------------------|--------|
| July 2007 - September 2007 | |
| Unduplicated Clients | 2,958 |
| Units of Service | 94,582 |



Nevada Department of Health and Human Services, Director's Office

“Quick Facts”: Division for Aging Services/Older American Act Title III-C (1 & 2)

Program:

Older Americans Act Title III-C 1

Provides congregate meals for seniors who can travel to congregate sites.

Older Americans Act Title III-C 2

Provides home delivered meals for homebound seniors.

Eligibility:

Older Americans Act Title III-C 1

Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service during meal hours at a congregate setting; adults with disabilities who reside at home with an eligible older individual, who come into the congregate setting without that individual.

Older Americans Act Title III-C 2

Individuals age 60 or older and their spouses and disabled individual who resides with an individual over age 60.

Other:

Older Americans Act Title III-C 1

Numbers represent clients of the program and not caseloads. Program does not carry caseloads. Information totals are reported to the Federal Government on a yearly basis and not tracked by monthly totals.

The decline in clients from FY'00 to FY'01 resulted from a drop of 583 clients by Washoe County, in addition to the regular downward trend for programs.

Older Americans Act Title III-C 2

Numbers represent clients of the program and not caseloads. Program does not carry caseloads. Information totals are reported to the Federal Government on a yearly basis and not tracked by monthly totals.

TITLE C-1

Workload History:

| | |
|-----------------------------|---------|
| FY 00: Clients | 10,163 |
| FY 00: Units of Service | 566,041 |
| FY 01: Clients | 9,143 |
| FY 01: Units of Service | 575,513 |
| FY 02: Clients | 8,891 |
| FY 02: Units of Service | 544,847 |
| FY 03: Clients | 8,544 |
| FY 03: Units of Service | 528,160 |
| FY 04: Unduplicated Clients | 8,793 |
| FY 04: Units of Service | 517,808 |
| FY 05: Unduplicated Clients | 9,239 |
| FY 05: Units of Service | 510,743 |
| FY 06: Unduplicated Clients | 9,079 |
| FY 06: Units of Service | 502,527 |
| FY 07: Unduplicated Clients | 8,499 |
| FY 07: Units of Service | 499,588 |

TITLE C-2

Workload History:

| | |
|-----------------------------|---------|
| FY 00: Clients | 4,535 |
| FY 00: Units of Service | 662,676 |
| FY 01: Clients | 4,875 |
| FY 01: Units of Service | 711,759 |
| FY 02: Clients | 5,134 |
| FY 02: Units of Service | 740,189 |
| FY 03: Clients | 5,560 |
| FY 03: Units of Service | 816,527 |
| FY 04: Unduplicated Clients | 5,904 |
| FY 04: Units of Service | 848,775 |
| FY 05: Unduplicated Clients | 6,373 |
| FY 05: Units of Service | 886,112 |
| FY 06: Unduplicated Clients | 6,307 |
| FY 06: Units of Service | 907,576 |
| FY 07: Unduplicated Clients | 5,134 |
| FY 07: Units of Service | 883,938 |

FYTD

October 07 - December 07

Unduplicated Clients

Units of Service

n/a

127,570

FYTD

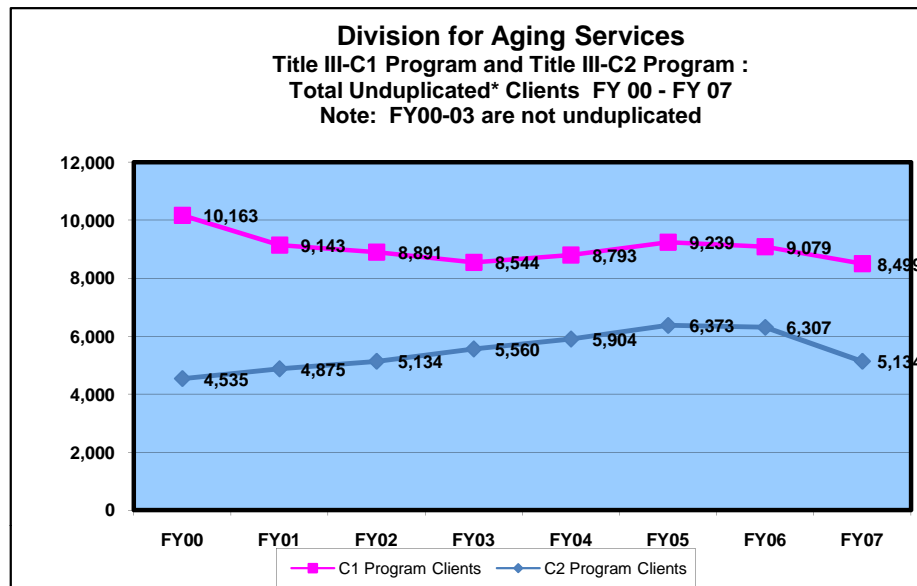
October 07 - December 07

Unduplicated Clients

Units of Service

n/a

225,689



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Division for Aging Services/Older Americans Act Title III-E

Program:

Older Americans Act Title III-E National Family Caregiver Support Program

Addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long term care planning resources.

Eligibility:

Family caregivers of adults age 60 and older; grandparents and caregivers, age 55 and older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.

Other:

Numbers represent clients of the program and not caseloads. Program does not carry caseloads. Information totals are reported to the Federal Government on a yearly basis and not tracked by monthly totals.

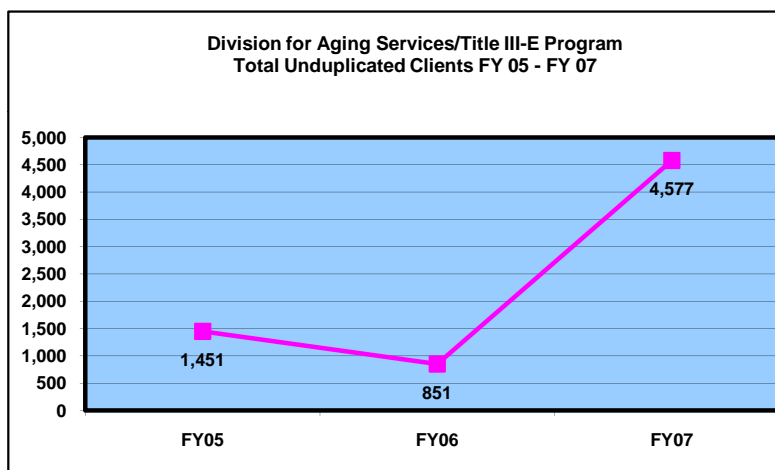
Data prior to FY05 is inaccurate.

Workload History:

| | |
|-----------------------------|--------|
| FY 05: Unduplicated Clients | 1,451 |
| FY 05: Units of Service | 2,129 |
| FY 06: Unduplicated Clients | 851 |
| FY 06: Units of Service | 1,349 |
| FY 07: Unduplicated Clients | 4,577 |
| FY 07: Units of Service | 56,468 |

FYTD

| | |
|------------------------|-----|
| July 07 - September 07 | |
| Unduplicated Clients | n/a |
| Units of Service | n/a |



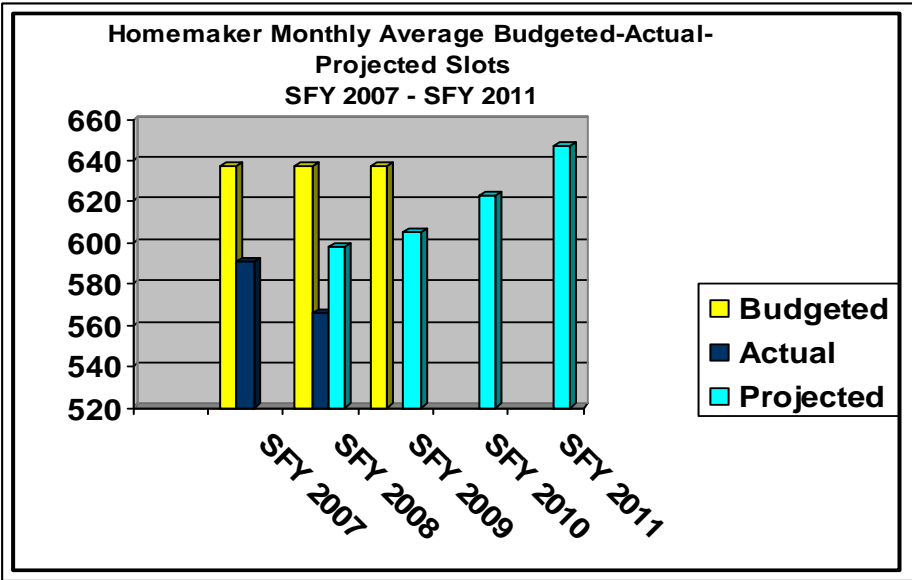
Nevada Department of Health and Human Services Director's Office

"Quick Facts": DAS/Homemaker Program

Program: Provides in-home supportive services for individuals requiring assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility.

Eligibility: Individuals throughout Nevada in need of supportive services who meet one of the following eligibility criteria: Income at or below 110% of Federal Poverty; Qualify for Welfare and Supportive Services Temporary Assistance for Needy Families (TANF)

Other:



Workload History:

| | |
|-------------------------------|--------------|
| FY 06: Avg Caseload: | 605 |
| FY 06 Budgeted avg caseload: | 637 |
| FY 06 Avg referral/wait list: | 365 |
| FY 06: Total Expenditures: | \$ 1,446,176 |
| FY 07: Avg Caseload: | 591 |
| FY 07 Budgeted avg caseload: | 637 |
| FY 07 Avg referral/wait list: | 183 |
| FY 07: Total Expenditures: | \$ 1,512,595 |

FYTD

| | Caseload | Waitlist |
|----------|----------|----------|
| JUL 07 | 562 | 182 |
| Aug | 566 | 159 |
| Sep | 557 | 146 |
| Oct | 557 | 153 |
| Nov | 563 | 155 |
| DEC | 558 | 166 |
| JAN 08 | 598 | 190 |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| JUN | | |
| FY08 Tot | 3,961 | 1,151 |
| FY08 Avg | 566 | 164 |

Per Capita/Key Demographics:

In FY 2006 the U.S census bureau reported Nevada's total population at 2,495,529 of this amount 396,998 are over the age of 60. This equates to 16% of the states population is over the age of 60. In 2006 Nevada ranked 45th whose state contains a population over the age of 65.

Source: <http://factfinder.census.gov>

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Division for Aging Services/Independent Living Grants

Program:

Independent Living Grants (ILG): The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of the proceeds of Nevada's tobacco settlement monies to support "independent living" among Nevada Seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. Supportive services includes: adult day care; case management; case management for Elder Protective Services; caregiver support services; information, assistance and advocacy; companion services; durable medical equipment and healthcare products; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Lifeline; protective services; and representative payee.

Eligibility:

Seniors throughout Nevada, age 60 and older, in need of assistance to live independently.

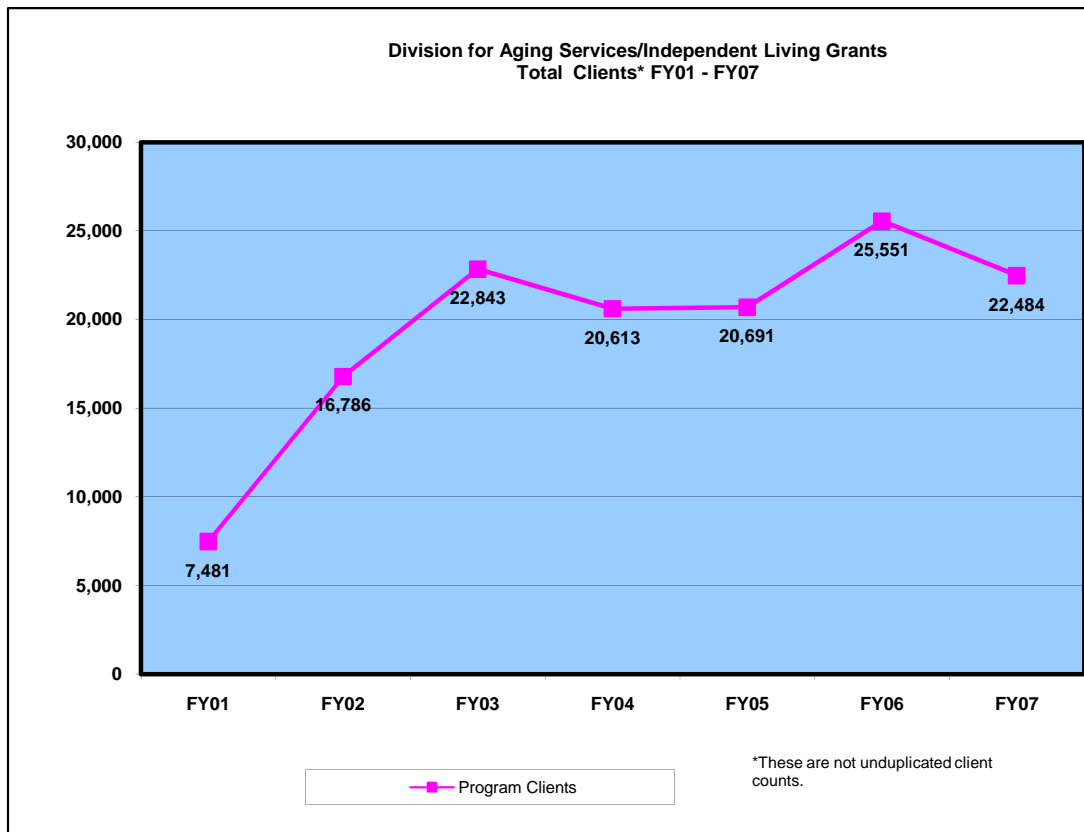
Other:

Notes regarding data below:

- (1) Clients dropped from FY 03 to FY 04, due to grantees refining their data collection to reflect actual clients served.
- (2) Service Units increased from FY 03 to FY 04, due to one program reporting their companion hours incorrectly. This was not determined for almost a year after the end of FY '04 and it was decided to not alter the closed out numbers.
- (3) Number of Clients and Service Units increased from FY 05 to FY 06 – All III-B transportation programs were shifted to ILG funding.
- (4) Client & Units decreased from FY 06 to FY 07 – Many programs were moved from ILG to other sources of funding.

Workload History:

| | |
|-----------------------------------|---------|
| FY 01: Clients (not Unduplicated) | 7,481 |
| FY 01: Units of Service | 139,179 |
| FY 02: Clients (not Unduplicated) | 16,786 |
| FY 02: Units of Service | 435,823 |
| FY 03: Clients (not Unduplicated) | 22,843 |
| FY 03: Units of Service | 442,013 |
| FY 04: Clients (not Unduplicated) | 20,613 |
| FY 04: Units of Service | 601,176 |
| FY 05: Clients (not Unduplicated) | 20,691 |
| FY 05: Units of Service | 523,968 |
| FY 06: Clients (not Unduplicated) | 25,551 |
| FY 06: Units of Service | 666,326 |
| FY 07: Clients (not Unduplicated) | 22,484 |
| FY 07: Units of Service | 370,293 |



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DAS, Long Term Care Ombudsman Program (Elder Rights Advocates)

Program:

The Long Term Care Ombudsman program is authorized by the federal Older American's Act. This Act requires that a statewide Ombudsman program "investigate and resolve complaints made by or on behalf of older individual who are residents of long term care facilities". An Elder Advocate (i.e. Ombudsman) is an advocate for residents of nursing homes, group homes, assisted living facilities and homes for individual residential care.

Elder Rights Advocates do not have direct authority to require action by a facility, but they have the responsibility to negotiate on residents' behalf and to work with other state agencies for effective enforcement. Elder Rights Advocates refer information to appropriate regulatory agencies regarding the problems of the residents in long-term care facilities.

Elder Rights Advocates serve as valuable resources for residents, families and community members. They educate long term care providers about residents' rights and elder abuse. They promote the development of family councils, resident councils and support nursing home transition programs and other initiatives that promote quality of care and quality of life for residents of long term care facilities. Elder Rights Advocates' work is comprised of two basic components:

1. The first component is investigation of particular complaints made by or on behalf of a resident. These are considered "cases".
2. The other component is "activities" which include duties such as providing training to facility staff, participation and development of family and resident councils, providing information and referrals to available services, etc.

Eligibility:

Any older person defined by the Nevada Revised Statute as 60 years old or older who is living in one of the following long term care facility types is eligible for services of the Elder Advocate (Ombudsman).

- Homes for Individual Residential Care
- Residential Facilities for Groups including Assisted Living Facilities
- Skilled Nursing Facilities
- Nursing Facilities (including Intermediate Care Facilities)

Other:

Statistics:

1. Number of cases investigated:

- FY07: 3,354
- FY08: (July – Dec) = 1,684

2. Number of Activities:

- FY07: 2,903
- FY08: (July – Dec) = 961

3. Caseload – average number of cases per Elder Rights Advocate (Ombudsman)(10 FTE) per month:

- FY07: not tracked
- FY08: (July – Dec) 70 cases

Per Capita/Key Demographics:

In FY 2006 the U.S census bureau reported Nevada's total population at 2,495,529 of this amount 396,998 are over the age of 60. This equates to 16% of the states population is over the age of 60. In 2006 Nevada ranked 45th whose state contains a population over the age of 65.

Source: <http://factfinder.census.gov>

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DAS/Senior Citizen's Tax Assistance/Rent Rebate Program

Program:

The Senior Citizen's Tax Assistance/Rent Rebate Program (STARR), NRS 427A.450 through 427A.600, provides a yearly refund to eligible senior citizens of a portion of the property taxes they pay on their residence or by property taxes paid by renters, through their rent.

Eligibility:

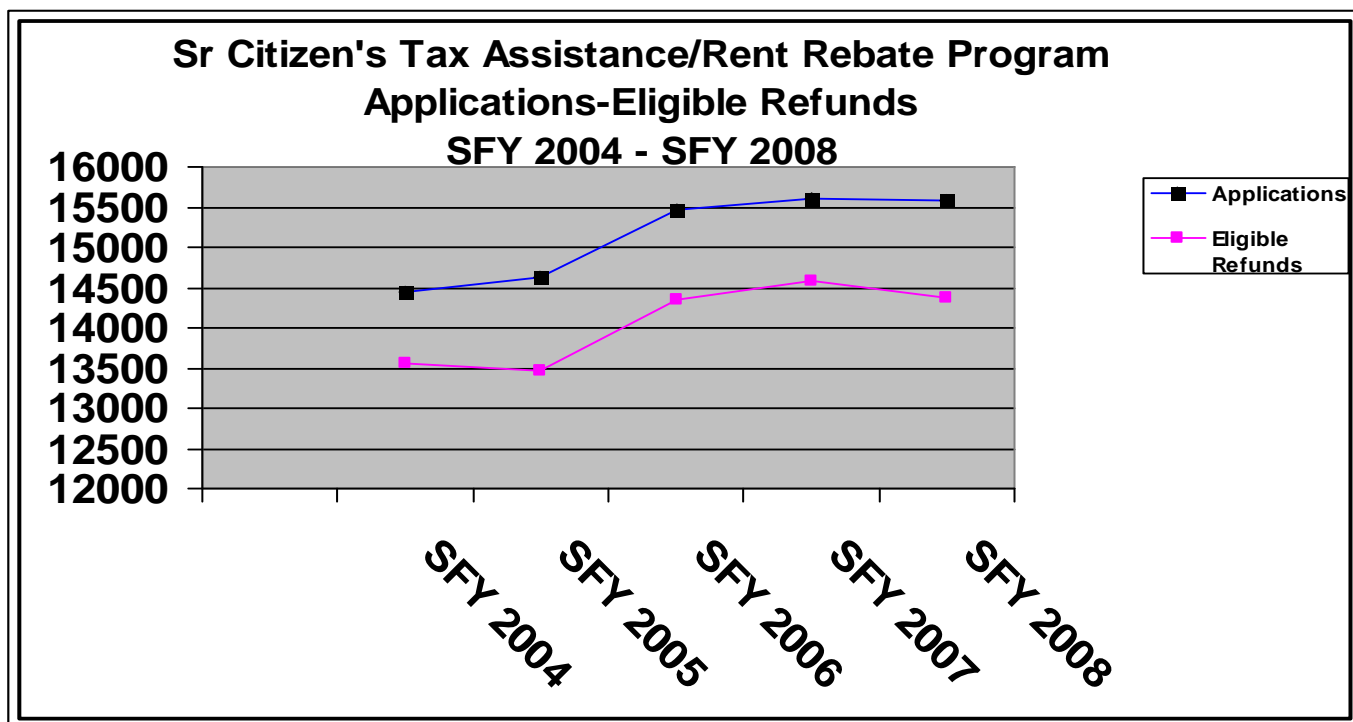
Claimant must be 62 yrs old by June 30 of the first year they apply, spouse can be any age. Income must be below maximum of \$27,863 for 2008 applications. Maximum income is adjusted each year by CPI. Claimant cannot own property, other than their residence, with an assessed value in excess of \$30,000. Liquid assets cannot exceed \$150,000. Residence owned must not exceed \$200,000 assessed value. Must have owned or rented in Nevada, continuously, from at least July 1 of the preceding calendar year until application filed, February 1 through April 30.

Other:

Refunds are calculated for a "household" which includes a claimant and spouse (if applicable). Program is staffed by two full time employees. Applications are filed in the individual County of residence. The Counties do an initial review, verifying property ownership and affixing taxes paid then forwarding the applications to DAS for final audit and issuing of refunds. Counties receive \$4.00 per application for processing.

Workload History:

| | |
|------------------------------|--------------|
| FY 06: Applications: | 15,465 |
| FY 06 Budgeted applications: | 15,352 |
| FY 06 Avg refund amount: | \$325 |
| FY 06: Total Refunded: | \$ 4,672,457 |
| FY 07: Applications: | 15,602 |
| FY 07 Budgeted applications: | 16,120 |
| FY 07 Avg refund amount: | \$323 |
| FY 07: Total Refunded: | \$ 4,702,556 |



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Division for Aging Services/Senior Ride Program

Program:

Senior Ride Program

Allows seniors age 60 and older and those of any age with permanent disability in Clark County to use taxicabs at a discounted rate. Funded by the Clark County Taxicab Authority by a surcharge on taxicab rides, and also through the sale of \$10 coupon books to eligible clients for \$20 in taxicab fare.

Eligibility:

Age 60 and older or permanently disabled of any age.

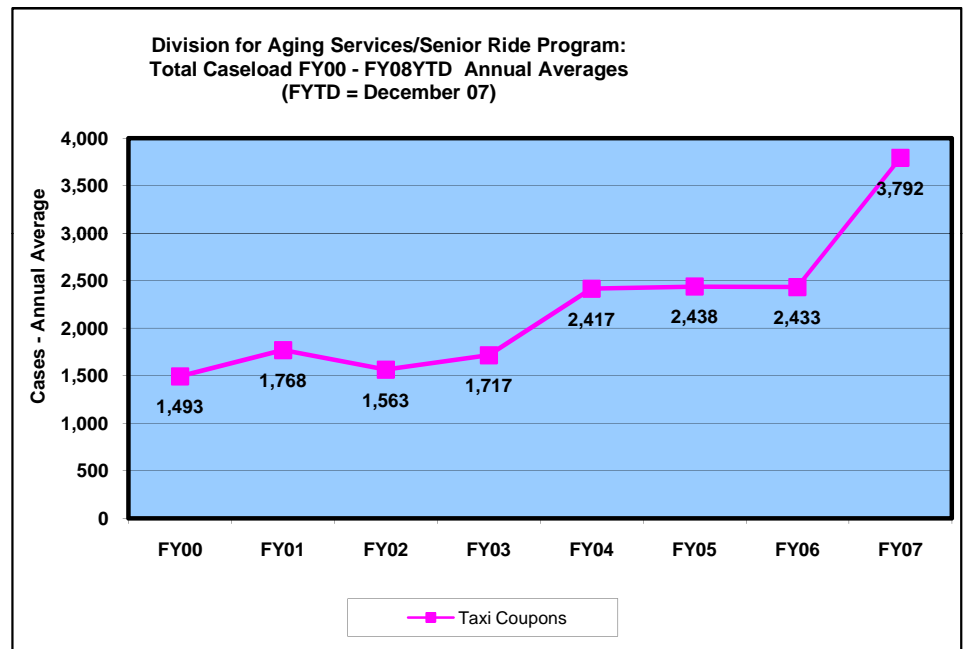
Other:

Currently, there are over 12,000 participants in the program. The program does not have caseloads. Average number of books sold each month is represented as cases.

FYTD

TAXI Coupons Per Month FY08

| | |
|----------|--------|
| JUL 07 | 4,982 |
| Aug | 5,224 |
| Sep | 3,843 |
| Oct | 3,727 |
| Nov | 3,504 |
| DEC | 3,222 |
| JAN 08 | 3,492 |
| Feb | 3,074 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 31,068 |
| FY08 Avg | 3,884 |



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DAS/State Health Insurance Assistance Program (SHIP)

Program:

State Health Insurance Assistance Program (SHIP)

Provides information, counseling and assistance services to Medicare beneficiaries, their families and others. Information includes: Part D Prescription Drug Coverage; Medicare supplemental insurance; long-term care insurance; managed care; Medicaid related health insurance; beneficiary rights and grievance appeal procedures. Referrals to other community resources are made as needed.

Eligibility:

Seniors and/or disabled throughout Nevada needing information or assistance in determining benefits available, the types and amounts of coverage needed and how to apply for medical benefits.

Other:

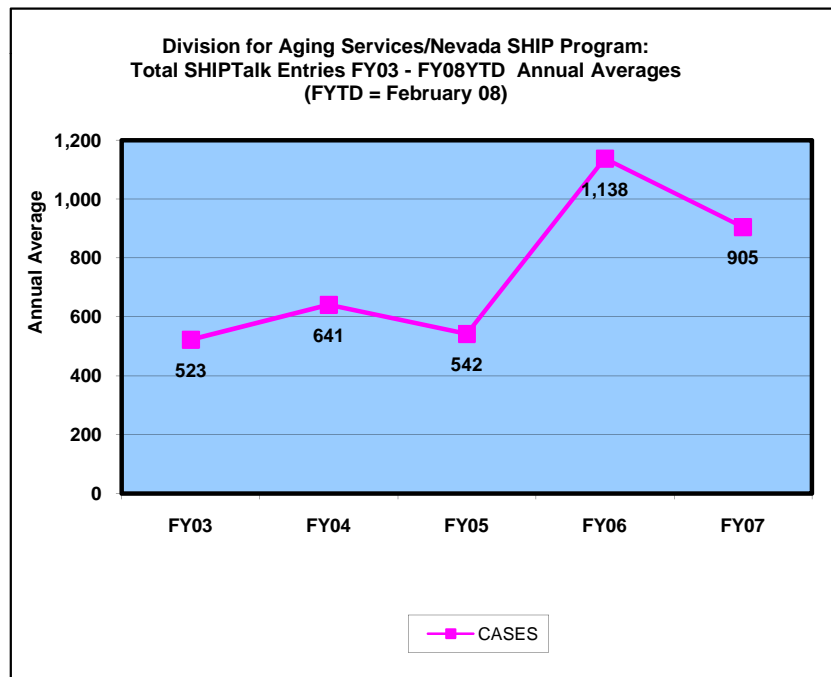
Nevada SHIP does not have a standard caseload. Services are advertised through outreach events, website, referrals, and training. Medicare beneficiaries call a statewide toll-free phone number and are referred to a trained volunteer to assist with questions or help solve problems. As such, SHIP counts contacts/encounters which are entered into the Centers for Medicare and Medicaid (CMS) database and reported periodically as required to CMS.

* no data available for time prior to October 2002

** March 2008 not yet computed

FYTD

| | |
|----------|-------|
| Jul 07 | 1,121 |
| Aug | 1,033 |
| Sep | 723 |
| Oct | 1,088 |
| Nov | 1,491 |
| Dec | 1,797 |
| Jan 08 | 1,114 |
| Feb | 951 |
| Mar | |
| Apr | |
| May | |
| Jun | |
| FY08 Tot | 9,318 |
| FY08 Avg | 1,165 |



“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

**Nevada Department of Health and Human Services
Division of Child and Family Services: “Quick Facts”**

Nevada Department of Health and Human Services Director's Office

"Quick Facts": DCFS / Adoption Subsidies

Program:

It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement.

Eligibility:

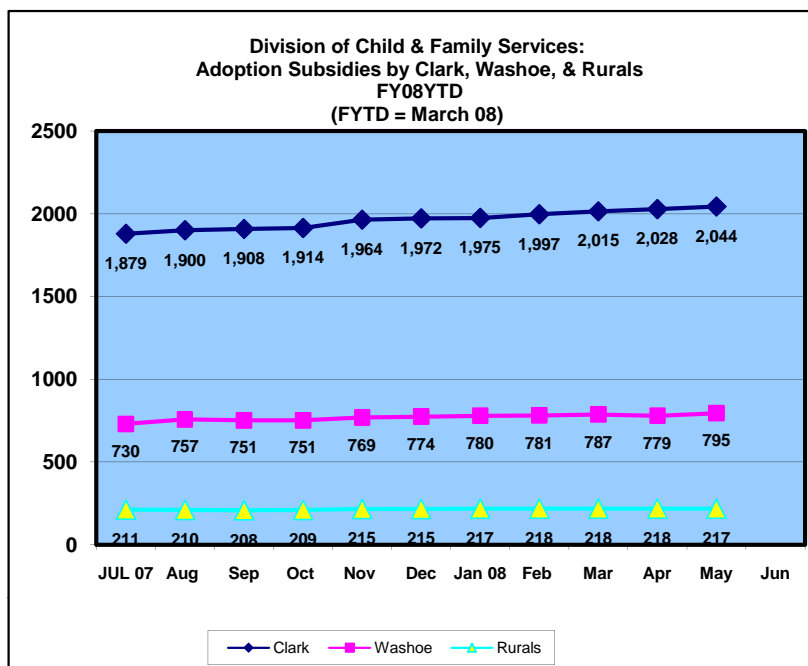
To qualify for assistance, the child must be in the custody of an agency which provides child welfare services, or a Nevada licensed child-placing agency, and an effort must have been made to locate an appropriate adoptive home which could adopt the child without subsidy assistance. The child must also have specific factor(s) or condition(s) that make locating an adoptive placement resource difficult without recruitment, special services, or adoption assistance; such as being over the age of five, having siblings with whom they need to be placed, or having a physical, mental or behavioral condition that results in the need for treatment.

Other:

All three public child welfare agencies, Clark County Department of Family Services (CCDFS); Washoe County Department of Social Services (WCDSS); and the Division of Child and Family Services (DCFS) Rural Region, administer the subsidy program with state oversight and in accordance with statewide policy.

FYTD

| | <u>Clark</u> | <u>Washoe</u> | <u>Rurals</u> | <u>Total</u> |
|-----------------|---------------|---------------|---------------|---------------|
| JUL 07 | 1,879 | 730 | 211 | 2,820 |
| Aug | 1,900 | 757 | 210 | 2,867 |
| Sep | 1,908 | 751 | 208 | 2,867 |
| Oct | 1,914 | 751 | 209 | 2,874 |
| Nov | 1,964 | 769 | 215 | 2,948 |
| Dec | 1,972 | 774 | 215 | 2,961 |
| Jan 08 | 1,975 | 780 | 217 | 2,972 |
| Feb | 1,997 | 781 | 218 | 2,996 |
| Mar | 2,015 | 787 | 218 | 3,020 |
| Apr | 2,028 | 779 | 218 | 3,025 |
| May | 2,044 | 795 | 217 | 3,056 |
| Jun | | | | |
| FY08 Tot | 21,596 | 8,454 | 2,356 | 32,406 |
| FY08 Avg | 1,963 | 769 | 214 | 2,946 |



Nevada Department of Health and Human Services Director's Office

"Quick Facts": DCFS / Foster Care

Program:

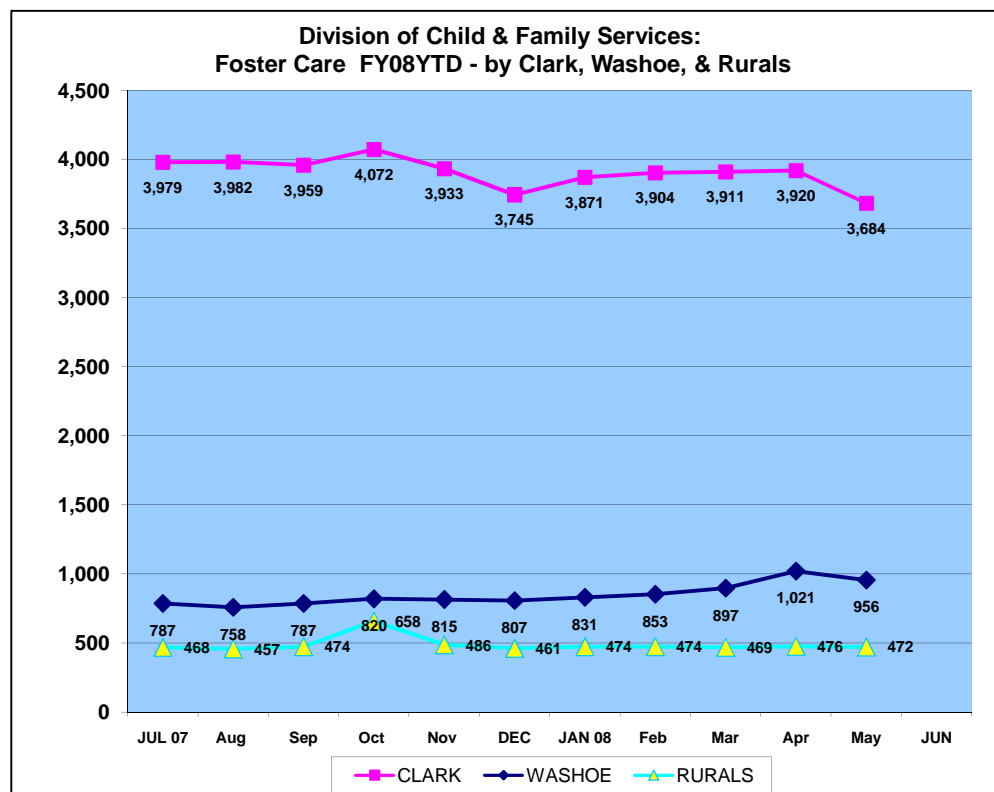
When relatives cannot be located for a child who requires out-of-home placement services, the child welfare agency must utilize traditional foster care. A child welfare caseworker is assigned by the child welfare agency to arrange the necessary care and services for the child. The worker provides direct counseling to the child, biological parents, and the foster/substitute care provider. The worker is the accountability and communication link between district court, the child, the biological parent, and the foster/substitute care provider. In cases where the permanency plan is reunification, caseworkers are responsible for initiating a case plan with the family to ensure reunification occurs in a timely manner. This includes ensuring that a family assessment is conducted that includes an assessment of needs and services. In those cases where it has been determined that it is not in the best interest of the child to return home, the caseworker is responsible for ensuring that other permanency options are explored and pursued. Generally, these options include permanent kinship placement, adoption, or other planned permanent living arrangement.

Eligibility:

The role and function of the Social Services Program Specialists assigned to Foster Care is to provide statewide oversight to the three child welfare jurisdictions in Nevada to ensure compliance with federal and state regulations, statutes and policy. The Foster Care Specialist is also responsible for providing technical assistance to the jurisdictions, fielding questions from the public regarding foster care, and engaging in quality assurance monitoring and quality improvement activities to ensure that children in foster care are safe and stable in their placements.

FYTD

| | <u>Clark</u> | <u>Washoe</u> | <u>Rural</u> | <u>Total</u> |
|----------|--------------|---------------|--------------|--------------|
| JUL 07 | 3,979 | 787 | 468 | 5,234 |
| Aug | 3,982 | 758 | 457 | 5,197 |
| Sep | 3,959 | 787 | 474 | 5,220 |
| Oct | 4,072 | 820 | 658 | 5,550 |
| Nov | 3,933 | 815 | 486 | 5,234 |
| DEC | 3,745 | 807 | 461 | 5,013 |
| JAN 08 | 3,871 | 831 | 474 | 5,176 |
| Feb | 3,904 | 853 | 474 | 5,231 |
| Mar | 3,911 | 897 | 469 | 5,277 |
| Apr | 3,920 | 1,021 | 476 | 5,417 |
| May | 3,684 | 956 | 472 | 5,112 |
| JUN | | | | 0 |
| FY08 Tot | 42,960 | 9,332 | 5,369 | 57,661 |
| FY08 Avg | 3,905 | 848 | 488 | 5,242 |



Nevada Department of Health and Human Services Director's Office

"Quick Facts": DCFS / Independent Living

Program:

The **Nevada Independent Living Program** is designed to assist and prepare foster and former foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. The Independent Living Program does this by offering many learning and training opportunities along with financial assistance. The three major sources of funding to assist foster youth in care and those that have aged out of the foster care system come from the federal and state government.

Eligibility:

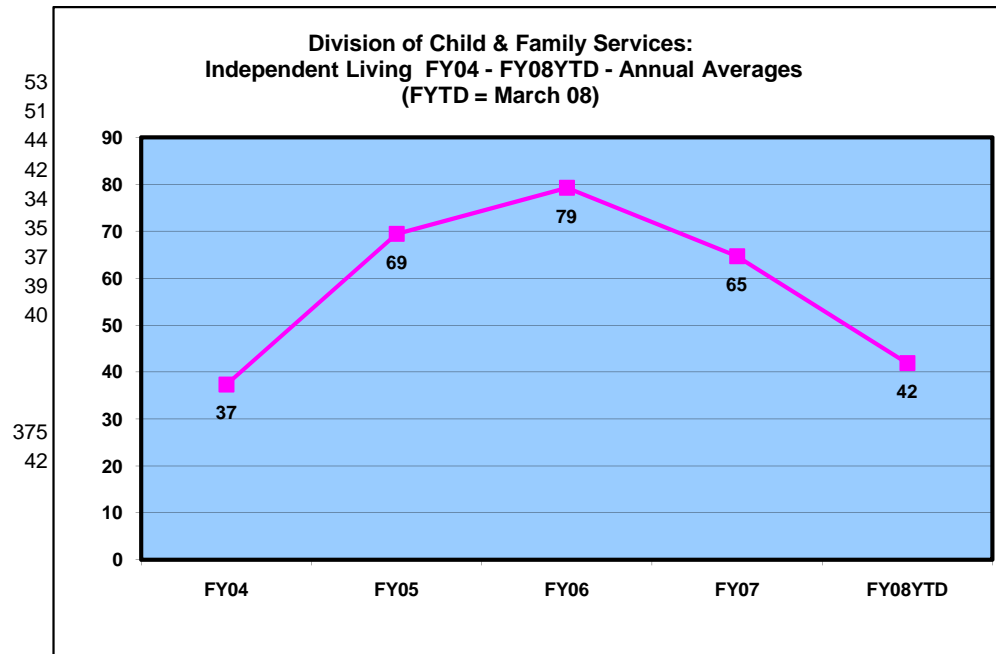
The Independent Living Program services are available to youth 15 and 1/2 who are currently in foster care and to former foster youth who have aged-out of the foster care system at age 18. Independent Living services are also available to youth who were adopted from foster care on or after their 16th birthday. Young people who aged-out of care may continue receiving services to age 21. Nevada will extend independent living services to youth who have aged out of care in another state.

Other: If needed, such as "Need Standard," etc.

The State of Nevada also provides supplemental financial assistance to Nevada youth who aged out of the foster care system through the **Fund to Assist Former Foster Youth**, also known as FAFFY. This fund resulted from the passage of State Assembly Bill 94. These funds provide assistance with household goods, job training, housing assistance, case management and medical insurance. Assistance is available until the youth turns 21.

FYTD

JUL 07
Aug
Sep
Oct
Nov
DEC
JAN 08
Feb
Mar
Apr
May
JUN
FY08 Tot
FY08 Avg



Nevada Department of Health and Human Services Director's Office

"Quick Facts": DCFS/JJS by CALIENTE, NYTC, & SUMMIT VIEW

Program:

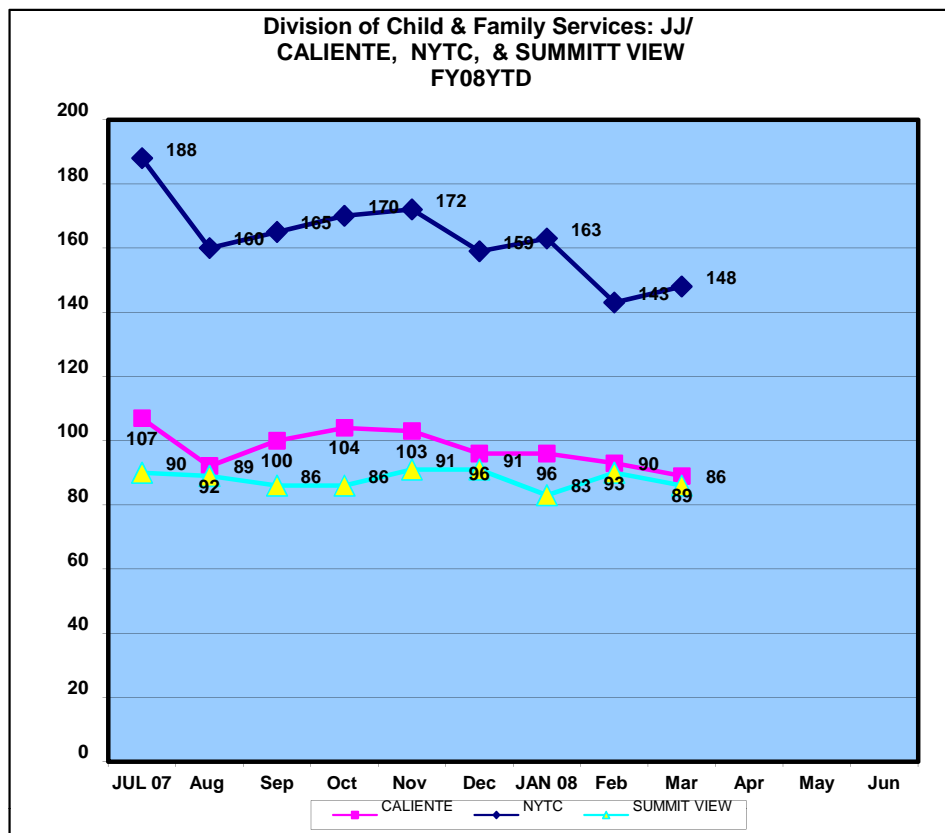
CALIENTE YOUTH CENTER, Opened: 1962. Renovated: 1977 Juvenile facility/training school. Security: minimum. Capacity: 140. Staff: 101. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills training, private family visitation.

NYTC: Nevada Youth Training Center, opened: 1913. Renovated: 1961 Juvenile facility/training school. Security: medium, minimum. Capacity: 160. Staff: 137. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, furlough, private family visitation.

SUMMIT VIEW, facility closed as private operation 1/31/02; reopened January 2004 as a state operated facility. Security: maximum. Capacity: 96. Staff: 86. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation.

FYTD

| | <u>CALIENTE</u> | <u>NYTC</u> | <u>SUMMIT VIEW</u> | <u>Total</u> |
|----------|-----------------|-------------|--------------------|--------------|
| JUL 07 | 107 | 188 | 90 | 385 |
| Aug | 92 | 160 | 89 | 341 |
| Sep | 100 | 165 | 86 | 351 |
| Oct | 104 | 170 | 86 | 360 |
| Nov | 103 | 172 | 91 | 366 |
| Dec | 96 | 159 | 91 | 346 |
| JAN 08 | 96 | 163 | 83 | 342 |
| Feb | 93 | 143 | 90 | 326 |
| Mar | 89 | 148 | 86 | 323 |
| Apr | | | | |
| May | | | | |
| Jun | | | | |
| FY08 Tot | 880 | 1,468 | 792 | 3,140 |
| FY08 Avg | 98 | 163 | 88 | 349 |



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DCFS/Northern Nevada Child & Adolescent Services

Program:

Northern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in Washoe County. Outpatient services include individual, family, and group therapies and clinical case management. Residential services are treatment home programs with 24/7 care providing psychosocial rehabilitation and basic skills training individually and in groups with capacity of 41 beds.

Eligibility:

Outpatient Services:

Early Childhood Mental Health Services - birth through 6 years

Outpatient Services - 6 to 18 years

Wraparound in Nevada (WIN) - 6 to 18 years

Residential Services:

Family Learning Homes - 6 to 18 years

Adolescent Treatment Homes - 13 to 18 years

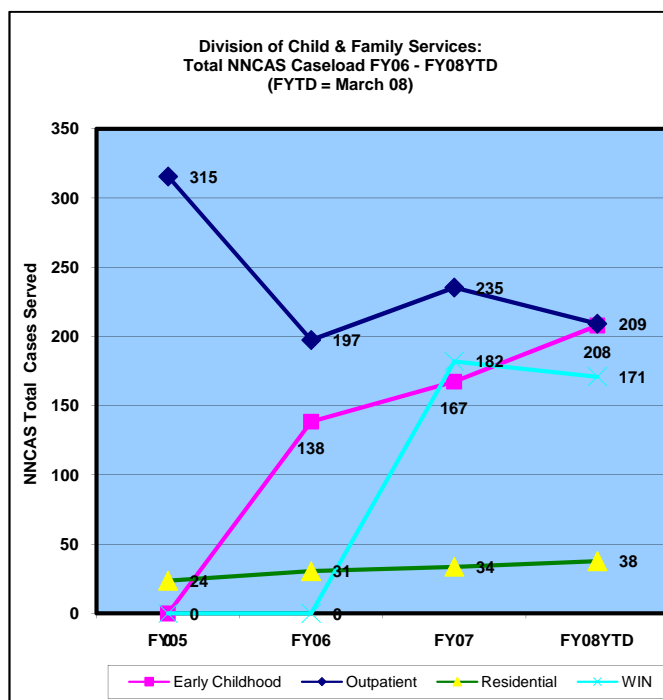
Other: If needed, such as "Need Standard," etc.

Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

| <u>FYTD</u> | <u>Early Child- hood</u> | <u>Out- patient</u> | <u>Resi- dential</u> | <u>Win</u> |
|-------------|----------------------------------|-------------------------|--------------------------|------------|
| JUL 07 | 206 | 235 | 36 | 160 |
| Aug | 209 | 224 | 37 | 164 |
| Sep | 206 | 217 | 37 | 170 |
| Oct | 211 | 202 | 40 | 180 |
| Nov | 218 | 207 | 39 | 178 |
| DEC | 205 | 200 | 38 | 170 |
| JAN 08 | 205 | 201 | 38 | 177 |
| Feb | 203 | 188 | 37 | 169 |
| Mar | 206 | 185 | 37 | 170 |
| Apr | | | | |
| May | | | | |
| JUN | | | | |
| FY08 Tot | 1,869 | 1,859 | 339 | 1,538 |
| FY08 Avg | 208 | 207 | 38 | 171 |

*Early Childhood and Outpatient totals combined as Outpatient for FY05

*WIN not reported until FY07



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DCF/Southern Nevada Child & Adolescent Services

Program:

Southern Nevada Child & Adolescent Services provides mental health services to children with severe emotional disturbances in urban Clark County. Outpatient services include individual, family, and group therapies and clinical case management in a wraparound approach. Residential services are treatment homes with 24/7 care providing psychosocial rehabilitation and basic skills training both individually and in groups with a total capacity of 27 beds. Inpatient services are provided at Desert Willow Treatment Center and include inpatient psychiatric acute services and residential treatment center services with a total capacity of 58 beds.

Eligibility:

Outpatient:

Early Childhood Mental Health Services - birth to 6 years
Children's Clinical Services - 6 to 18 years
Wraparound in Nevada (WIN) - 6 to 18 years

Residential:

Oasis On Campus Treatment Homes - 6 to 18 years

Inpatient/Desert Willow Treatment Center (DWTC):

Acute Psychiatric - 6 to 18 years
Residential Treatment - 12 to 18 years

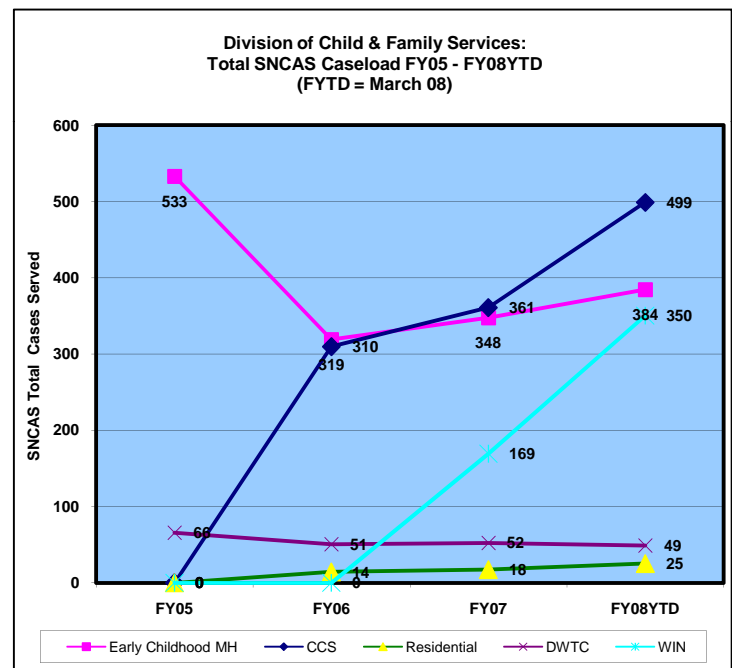
Other: If needed, such as "Need Standard," etc.

Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

| <u>FYTD</u> | <u>Early Child- hood</u> | <u>CCS</u> | <u>Resi- dential</u> | <u>DWTC</u> | <u>Win</u> |
|--------------------|---|-------------------|---------------------------------|--------------------|-------------------|
| JUL 07 | 360 | 455 | 25 | 47 | 352 |
| Aug | 363 | 466 | 23 | 49 | 352 |
| Sep | 368 | 492 | 24 | 49 | 358 |
| Oct | 371 | 505 | 26 | 49 | 359 |
| Nov | 384 | 518 | 27 | 50 | 368 |
| DEC | 394 | 534 | 26 | 52 | 340 |
| JAN 08 | 385 | 504 | 25 | 49 | 341 |
| Feb | 420 | 496 | 25 | 49 | 341 |
| Mar | 414 | 520 | 27 | 47 | 342 |
| Apr | | | | | |
| May | | | | | |
| JUN | | | | | |
| FY08 Tot | 3,459 | 4,490 | 228 | 441 | |
| FY08 Avg | 384 | 499 | 25 | 49 | |

*WIN not reported until FY07

*CCS and Early Childhood were combined in FY05



Source: include year of report

Nevada Department of Health and Human Services Director's Office

"Quick Facts": DCFS/JJ-Youth Parole

Program:

The Nevada Youth Parole Bureau has offices in Las Vegas, Reno, Carson City, Fallon and Elko. The staff is committed to public safety, community supervision and services to youth returning home from juvenile correctional facilities. All youth parole counselors have been trained and certified as peace officer's and act in accordance in the performance of their duties. Working closely with families, schools and the community, parole counselors help each youth maintain lawful behavior and encourage positive achievement. Also supervisor all youth released by other states for juvenile parole in the State of Nevada pursuant to interstate compact.

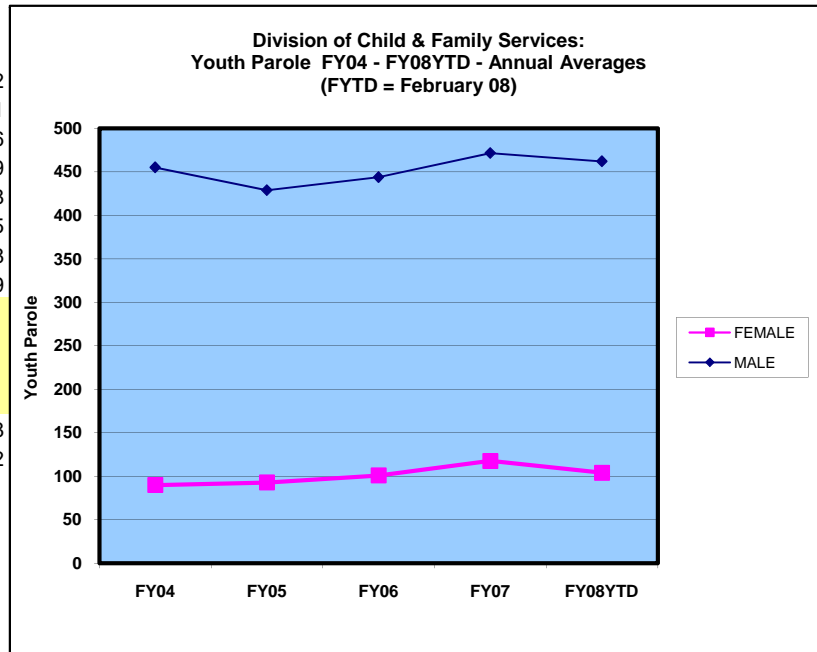
Eligibility:

Males and females. Felony and misdemeanor adjudications. Age limit: 12-18.

Other: If needed, such as "Need Standard," etc.

FYTD

| | FEMALE | MALE |
|----------|--------|-------|
| JUL 07 | 116 | 462 |
| Aug | 111 | 451 |
| Sep | 107 | 466 |
| Oct | 104 | 469 |
| Nov | 108 | 448 |
| DEC | 97 | 455 |
| JAN 08 | 99 | 478 |
| Feb | 90 | 469 |
| Mar | | |
| Apr | | |
| May | | |
| JUN | | |
| FY08 Tot | 832 | 3,698 |
| FY08 Avg | 104 | 462 |



Per Capita/Key Demographics:

Source:

“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy:

“Quick Facts”

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DHCNP/Nevada Check Up

Program:

Authorized under Title XXI of the Social Security Act, Nevada Check Up is the State of Nevada's Children's Health Insurance Program (SCHIP). The program provides low-cost, comprehensive health care coverage to low income, uninsured children 0 through 18 years of age who are not covered by private insurance or Medicaid.

Eligibility:

The child must not be eligible for Medicaid; The child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency (applying for Nevada Check Up will not affect a family's immigration status); The child did not have health insurance within the last six months, or has recently lost insurance for reasons beyond the parents' control; The child is under age 19 at the date the coverage will begin; and The family's gross annual income is between 100% and 200% of the Federal Poverty Level guidelines.

Other: If needed, such as "Need Standard," etc.

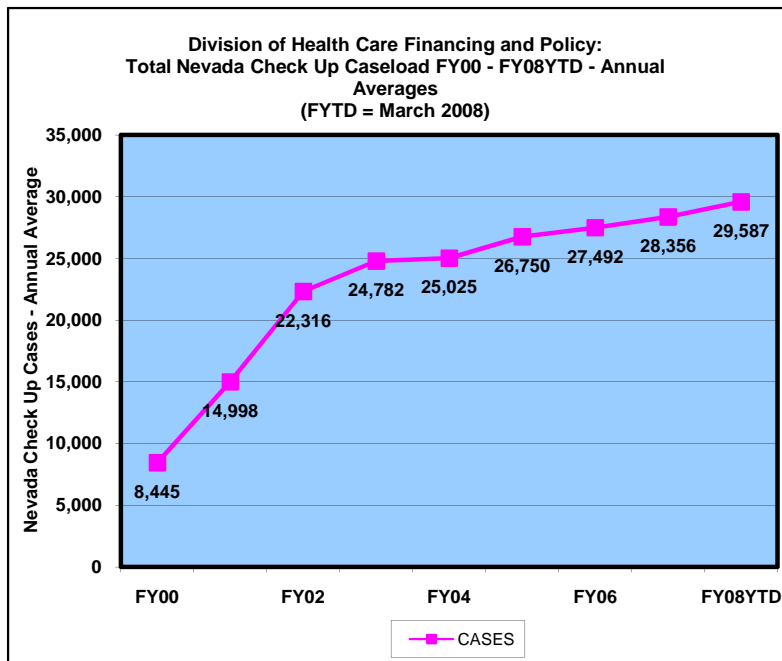
| 2008 Federal Poverty Guidelines | | |
|---------------------------------|----------|----------|
| Family Size | 100% | 200% |
| 1 | \$10,400 | \$20,800 |
| 2 | \$14,000 | \$28,000 |
| 3 | \$17,600 | \$35,200 |
| 4 | \$21,200 | \$42,400 |
| 5 | \$24,800 | \$49,600 |
| 6 | \$28,400 | \$56,800 |
| 7 | \$32,000 | \$64,000 |
| 8 | \$35,600 | \$71,200 |
| 9 | \$39,200 | \$78,400 |
| 10 | \$42,800 | \$85,600 |

Workload History:

FY 06: Avg Cases: 27,492
 FY 06 TotExpend: \$40,631,310
 FY 06 Tot#Apps: 17,220
 FY 07: Avg Cases: 28,356
 FY 07 TotExpend: \$42,551,179
 FY 07 Tot#Apps: 25,236

FYTD

JUL 07 29,728
 Aug 29,969
 Sep 30,204
 Oct 29,919
 Nov 30,184
 DEC 29,456
 JAN 08 29,178
 Feb 28,896
 Mar 28,751
 Apr
 May
 JUN
 FY08 Tot 266,285
 FY08 Avg 29,587



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

In the fiscal year 2007 (June 06 to June 07), the total number of children with SCHIP coverage in the United States increased by 299,045 (7.3 percent). Nevada experienced a similar growth rate with a 7.4% growth in enrollment in this same period.

Source: Kaiser Commission on Medicaid and the Uninsured

SCHIP Enrollment in June 2007: An Update on Current Enrollment and SCHIP Policy Directions

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DHCFP/HIFA Waiver - Nevada Check Up Plus Program

Program:

The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two very unique benefit programs. One program, the Employer Sponsored Insurance Subsidy program (called Nevada Check Up Plus), helps defray the increasing cost of private medical insurance for parents that work for small employers. The waiver provides up to a \$100 per month, per parent (maximum of \$200 per family) to help offset the cost of the premium payment.

Eligibility:

An eligible individual must:

- Be a parent or legal guardian of a child residing in the household
- Not be eligible for Medicaid
- Have not been covered by health insurance for past 6 months
- Work for an eligible employer
- Have a gross annual household income of 200% or less of the Federal Poverty Level
- Be a U.S. citizen or legal alien

Eligible employers must:

- Employ 2-50 people
- Provide an employer-sponsored group health plan
- Pay 50% or more toward their employees' monthly insurance

Other: If needed, such as "Need Standard," etc.

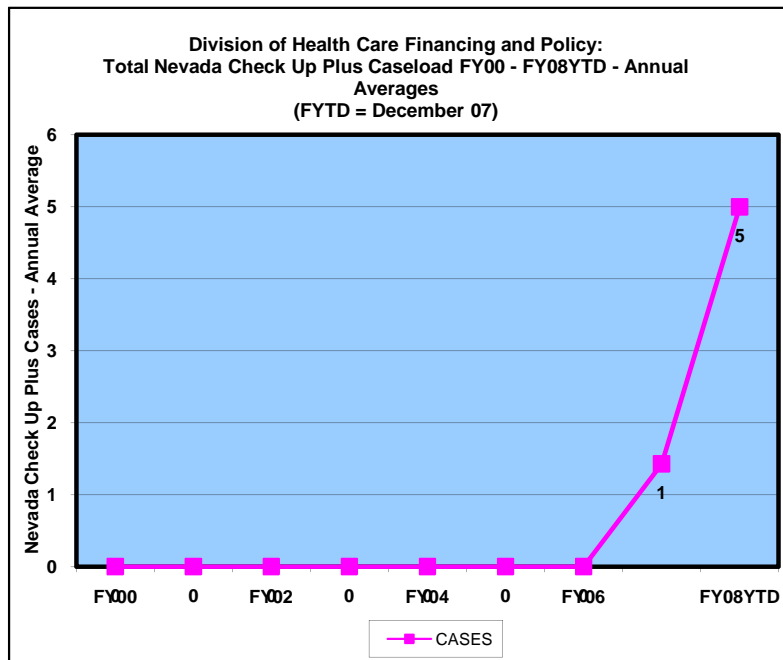
| 2008 Federal Poverty Guidelines | |
|---------------------------------|----------|
| Family Size | 200% |
| 1 | \$20,800 |
| 2 | \$28,000 |
| 3 | \$35,200 |
| 4 | \$42,400 |
| 5 | \$49,600 |
| 6 | \$56,800 |
| 7 | \$64,000 |
| 8 | \$71,200 |
| 9 | \$78,400 |
| 10 | \$85,600 |

Workload History:

FY 06: Avg Cases: 1
 FY 06 TotExpend: \$223,040
 FY 06 Tot#Apps: 355
 FY 07: Avg Cases: 1
 FY 07 TotExpend: \$223,040
 FY 07 Tot#Apps: 355

FYTD

JUL 07 5
 Aug 5
 Sep 5
 Oct 5
 Nov 5
 DEC 5
 JAN 08 5
 Feb 5
 Mar 5
 Apr 5
 May 5
 JUN 5
 FY08 Tot 45
 FY08 Avg 5



Per Capita/Key Demographics:

As of June 2007, a total of 14 states used a SCHIP waiver to cover pregnant women, parents, and childless adults. Two states, Arkansas and Nevada, added this coverage in 2007.

Source: Kaiser Commission on Medicaid and the Uninsured

SCHIP Enrollment in June 2007: An Update on Current Enrollment and SCHIP Policy Directions

January 2008

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DHCFP/HIFA Waiver - Prenatal Care

Program:

The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two very unique benefit programs. One program, the pregnancy program, raises the allowable income level for eligibility to 185% of the federal poverty level. Some of the services included in this program are routine pre-natal care, delivery services, two months of post partum coverage, as well as many other services deemed necessary during pregnancy.

Eligibility:

The pregnancy program eligibility is determined by the Division of Welfare and Supportive Services.

The enrollee must be a pregnant woman who:

- is not eligible for Medicaid;
- has income of 185% or less of federal poverty level (FPL);
- is a citizen or legal qualified alien of the United States at the time of application;
- does not currently have insurance; and
- submits an application.

Other: If needed, such as "Need Standard," etc.

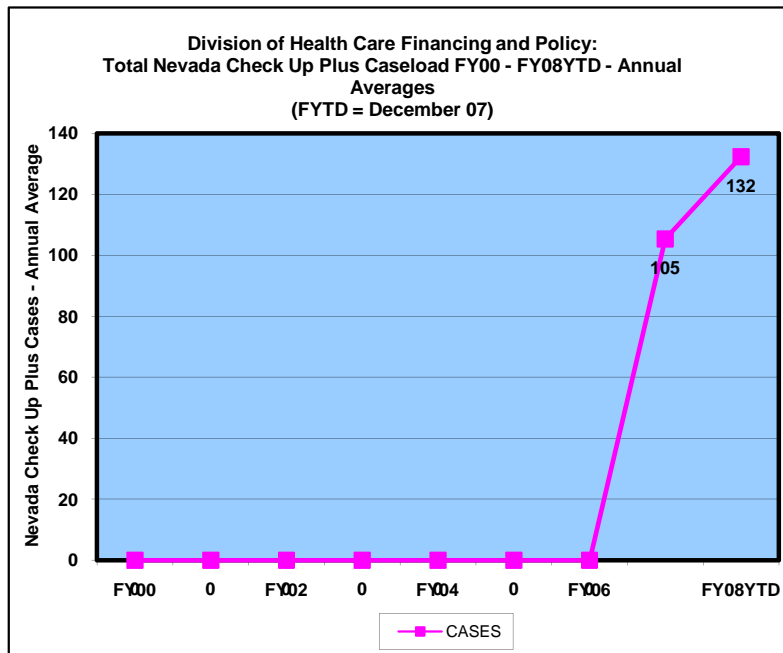
| 2008 Federal Poverty Guidelines | |
|---------------------------------|----------|
| Family Size | 185% |
| 1 | \$19,240 |
| 2 | \$25,900 |
| 3 | \$32,560 |
| 4 | \$39,220 |
| 5 | \$45,880 |
| 6 | \$52,540 |
| 7 | \$59,200 |
| 8 | \$65,860 |
| 9 | \$72,520 |
| 10 | \$79,180 |

Workload History:

| | |
|-------------------|-----------|
| FY 06: Avg Cases: | NA |
| FY 06 TotExpend: | NA |
| FY 06 Tot#Apps: | NA |
| FY 07: Avg Cases: | 105 |
| FY 07 Tot Expend: | \$248,669 |
| FY 07 Tot #Apps: | NA |

FYTD

| | |
|----------|-------|
| JUL 07 | 155 |
| Aug | 169 |
| Sep | 152 |
| Oct | 155 |
| Nov | 142 |
| DEC | 126 |
| JAN 08 | 89 |
| Feb | 70 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 1,058 |
| FY08 Avg | 132 |



Per Capita/Key Demographics:

As of June 2007, a total of 14 states used a SCHIP waiver to cover pregnant women, parents, and childless adults. Two states, Arkansas and Nevada, added this coverage in 2007.

Source: Kaiser Commission on Medicaid and the Uninsured

SCHIP Enrollment in June 2007: An Update on Current Enrollment and SCHIP Policy Directions

January 2008

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DHCFP/Medicaid

Program:

Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services, except that care in institutions primarily for the care and treatment of mental disease may not be included for persons over age 21 and under age 65.

Eligibility:

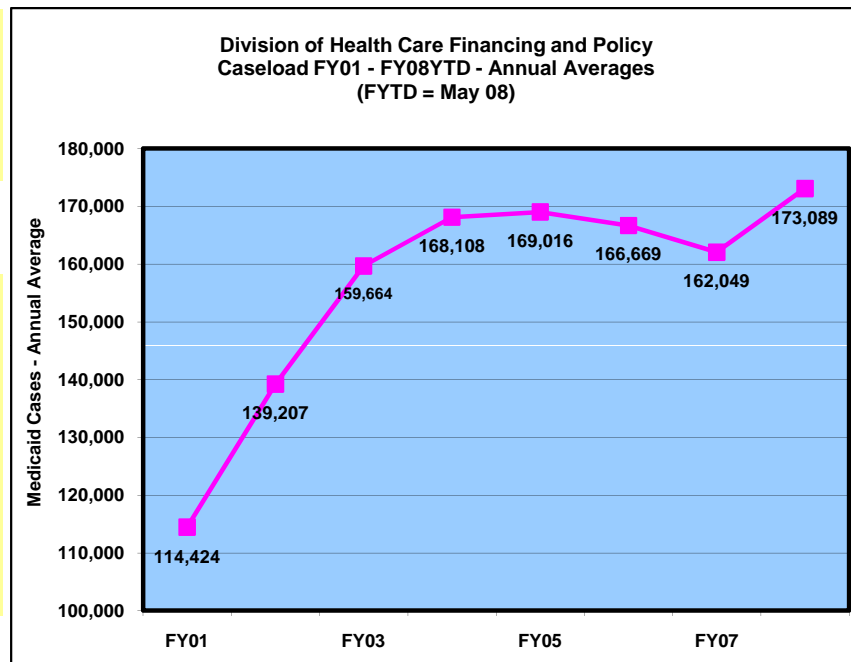
Workload History:

FY 06: Avg Cases: 166,669
FY 06 TotExpend: \$1,162,631,385

FY 07: Avg Cases: 162,049
FY 07 TotExpend: \$1,252,040,436

FYTD

| | |
|----------|-----------|
| JUL 07 | 165,364 |
| Aug | 168,166 |
| Sep | 168,011 |
| Oct | 170,099 |
| Nov | 171,157 |
| DEC | 173,404 |
| JAN 08 | 174,425 |
| Feb | 175,664 |
| Mar | 176,843 |
| Apr | 178,484 |
| May | 182,363 |
| JUN | |
| FY08 Tot | 1,903,981 |
| FY08 Avg | 173,089 |



Per Capita/Key Demographics:

Based on data for 2005, Nevada ranked 34th and very close to the national average in spending per Medicaid recipient at \$4,462 per year. The District of Columbia spent the most - \$7,941 per year, California spent the least - \$2,701 per year and the national average was \$4,662.

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured - 2005

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DHCFP WIN WAIVER

Program:

The State of Nevada Home and Community-Based Waiver for Persons with Physical Disabilities is operated by the Nevada Division of Health Care Financing and Policy (DHCFP).

The goal of this waiver is to provide the option of home and community-based services as an alternative to nursing facility care and to allow for maximum independence for persons with physical disabilities who would otherwise need nursing facility services.

Eligibility:

Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:

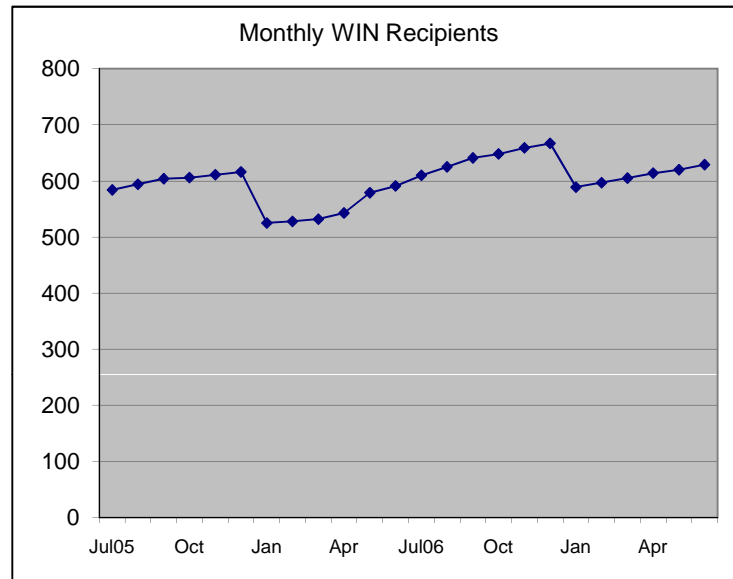
- ° without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility
- ° apply for and determined eligible for full Medicaid benefits through Division of Welfare and Supportive Services (DWSS)
- ° certified as physically disabled by Medicaid's Central Office Disability Determination Team

Workload History:

FY 06: Avg Undup Monthly Count: **576**
 FY 06: Avg Monthly Closures **8**

FYTD

| | |
|----------|-------|
| JUL 07 | 633 |
| Aug | 641 |
| Sep | 642 |
| Oct | 655 |
| Nov | 667 |
| DEC | 668 |
| JAN 08 | 567 |
| Feb | 573 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 5,046 |
| FY08 Avg | 631 |



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DHCFP/Health Insurance for Work Advancement (HIWA)

Program:

This program provides Medicaid for employed individuals with disabilities ineligible for any other category of Medicaid. Those receiving this coverage are required to pay a monthly premium of between 5% and 7.5% of their monthly net income. The individual must be disabled as determined by the Social Security Administration, either through current or prior receipt of social security disability benefits. A recipient losing employment through no fault of their own, remains eligible for three additional months provided the monthly premiums continue to be paid.

Eligibility:

Citizenship, residency, disability and current employment are requirements of the program. The resource limit is \$15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which are disregarded such as travel-related costs, employment-related personal care aid costs, service animal costs and other costs related to employment.

Other: Need Standard

Maximum gross unearned income limit, prior to disregards is \$699.

Maximum gross earned income limit, prior to disregards is 450% of the Federal Poverty Level.

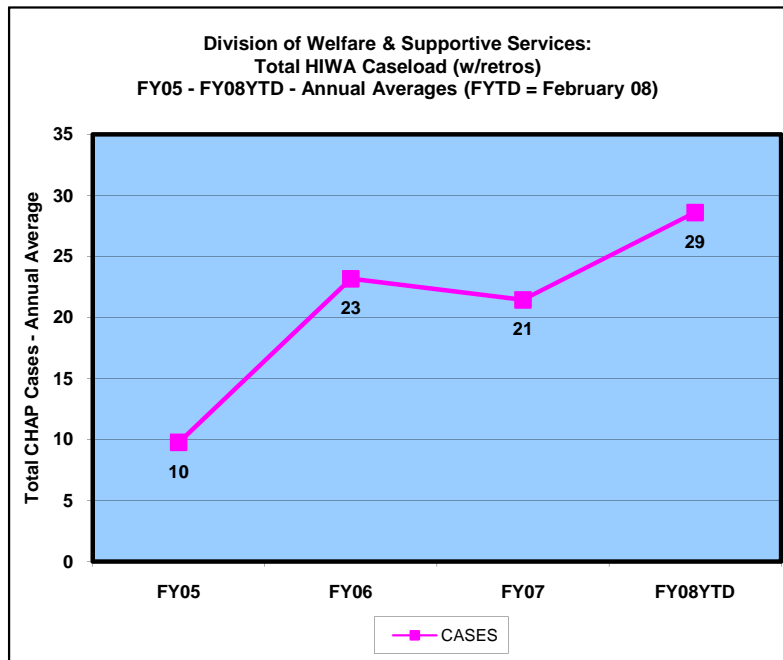
The total net earned and unearned income must be equal to or less than 250% of the Federal Poverty Level.

Workload History: (With Retros)

| | |
|-------------------|-----|
| FY 06: Avg Cases: | 23 |
| FY 06 Tot#Apps: | N/A |
| FY 07: Avg Cases: | 21 |
| FY 07 Tot#Apps: | N/A |

FYTD

| | |
|----------|-----|
| JUL 07 | 21 |
| Aug | 20 |
| Sep | 20 |
| Oct | 23 |
| Nov | 28 |
| DEC | 35 |
| JAN 08 | 39 |
| Feb | 44 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 230 |
| FY08 Avg | 29 |



Per Capita/Key Demographics:

None

Source

“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

**Nevada Department of Health and Human Services
Division of State Health Division: “Quick Facts”**

Nevada Department of Health and Human Services Health Division

"Quick Facts": Health / BCH Immunization Program

Program:

The overall goal of the Immunization Program is to decrease vaccine-preventable disease morbidity through improved immunization rates among children, adolescents and adults in Nevada. The Program collaborates with public and private providers along with coalition stakeholders to improve immunization practices by enrolling providers into the State-Supplied Vaccine Program and the Statewide Immunization Registry (Nevada WebIZ).

Eligibility:

To participate in the State-Supplied Vaccine Program: Any physician, healthcare organization or medical practice licensed by the State of Nevada to prescribe and administer vaccines may enroll. Eligibility requirements for children receiving state-supplied vaccines are NV Checkup enrolled, Medicaid eligibility, American Indian/Alaska native, uninsured and underinsured.

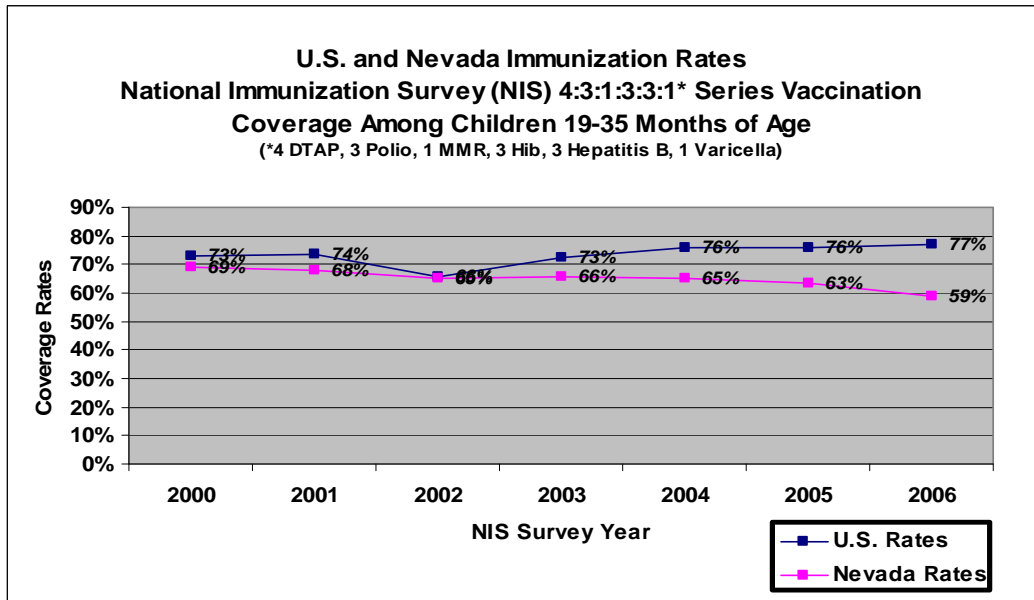
To participate in the Statewide Immunization Registry: Any physician, healthcare organization or medical practice that administers vaccines and any organization needing to verify immunization.

Other: Participation and Use Facts

| Participating Providers | | |
|------------------------------------|--------|-----|
| State-Supplied Vaccine Program: | Active | 302 |
| | "Temp" | 25 |

| Participating Providers | | # of Users | # of Records | # of Records- Children ≥4mos & <6 yrs |
|-------------------------------------|--------------|------------|--------------|---------------------------------------|
| Statewide Immunization Registry: | Clark | 46 | >1,000 | >1,000,000 |
| | Washoe | 198 | | |
| | Carson/Rural | 52 | | |
| | | | | 100,923 |

Immunization Rates: (as of 2006)



Per Capita/Key Demographics:

Approximate number of potential State-Supplied Program and Statewide Immunization Registry participants (statewide): **700**
 # of children < 6 yrs of age (2006 Census data): **206,025**
 # of children 19 through 35 mos of age (2006 NIS data): **53,133**
 # of children 19 through 35 mos of age with 2 or more immunizations recorded in the registry: **23,220**

Nevada Department of Health and Human Services, Health Division

"Quick Facts": HEALTH / BCH HIV PREVENTION PROGRAM

Program:

The HIV Prevention Program facilitates a process of community based HIV prevention planning. At present the Health Division funds Washoe County Health District Health and Southern Nevada Health District who act as fiscal agents and provide funding to local community based organizations through the Request For Proposal process. The Health Division also provide funding for HIV testing, social marketing campaigns, information and condom distribution, partner counseling and referral services, and program evaluation and or including data collection.

Eligibility:

There are no eligibility requirements. It is our mandate to reduce HIV infections in Nevada, and this is accomplished by providing services to everyone. Some community based programs do require that participants meet criteria as outlined in the curriculum, i.e. target population or risk factors.

Other:

Please note that the HIV Prevention Program is funded on a calendar year basis and therefore data and expenditures for this report are reported on the calendar year, not fiscal year.

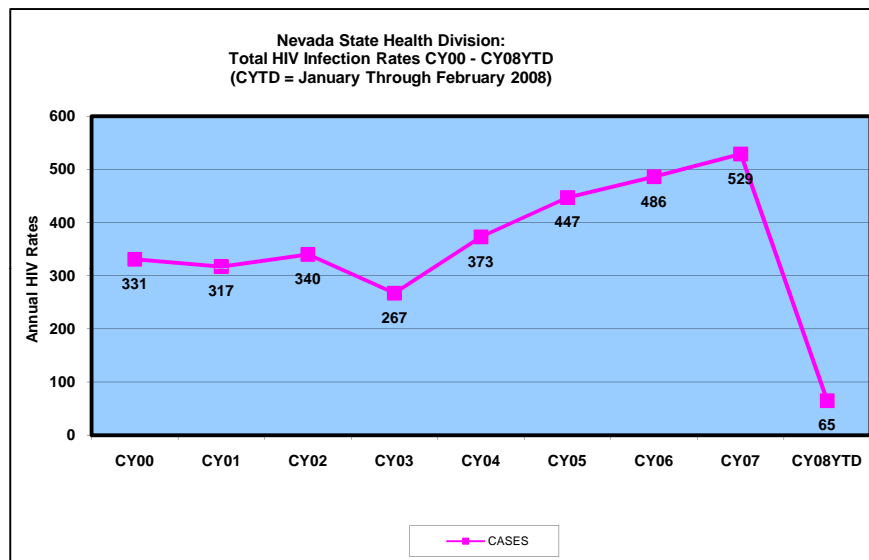
The HIV Prevention Program does not track applications for services; therefore there is no data available.

Workload History:

| | |
|----------------------|-------------|
| CY 06: Total Cases: | 484 |
| CY 06: Total Expend: | \$2,881,724 |
| CY 07: Total Cases: | 529 |
| CY 07: Total Expend: | \$2,823,112 |

CY- HIV Infection Rate

| | |
|----------|-----|
| 2000 | 331 |
| 2001 | 317 |
| 2002 | 340 |
| 2003 | 267 |
| 2004 | 267 |
| 2005 | 447 |
| 2006 | 486 |
| 2007 | 529 |
| 2008 YTD | 65 |



Per Capita/Key Demographics:

In 2005, Nevada ranked 23rd in the United States for the total new HIV infections. For that same year, the State of New York ranked 1st for total new HIV infections and North Dakota ranked 50th.

Source: Kaiser State Health Facts. (2005). Retrieved on March 12, 2008 from www.statehealthfacts.org

Nevada Department of Health and Human Services, Health Division

"Quick Facts": Health/BCH HIV-AIDS Surveillance

Program:

The HIV/AIDS Surveillance Program provides data on HIV/AIDS related morbidity and mortality to accurately track cases statewide to target HIV/AIDS prevention and care activities. The HIV/AIDS Program contracts with the Southern Nevada and Washoe County Health Districts to provide HIV/AIDS surveillance activities in their counties. Disease investigation, contact tracing, and disease reporting in Nevada's 15 rural counties is the responsibility of the State Health Division's Epidemiology Program.

Eligibility:

None

Other:

Primary workload indicators are the number of HIV and AIDS cases reported annually. Since 2003, Nevada has experienced a notable increase in HIV diagnoses. In 2003, Nevada had 267 reported cases of new HIV diagnoses, and in 2007, the new reported HIV cases reached 529, a 98 percent growth during that five year period. Increased case load for HIV may be a result of increased population growth and increased testing in high-risk populations. AIDS diagnoses, while also experiencing an overall upward trend in Nevada since 2000, have not had the steady growth seen among new HIV diagnoses. Excluding 2007, new AIDS diagnoses were decreasing in Nevada since 2003. However, in 2007, there was an annual growth of 28 percent from 256 cases on 2006 to 327 in 2007.

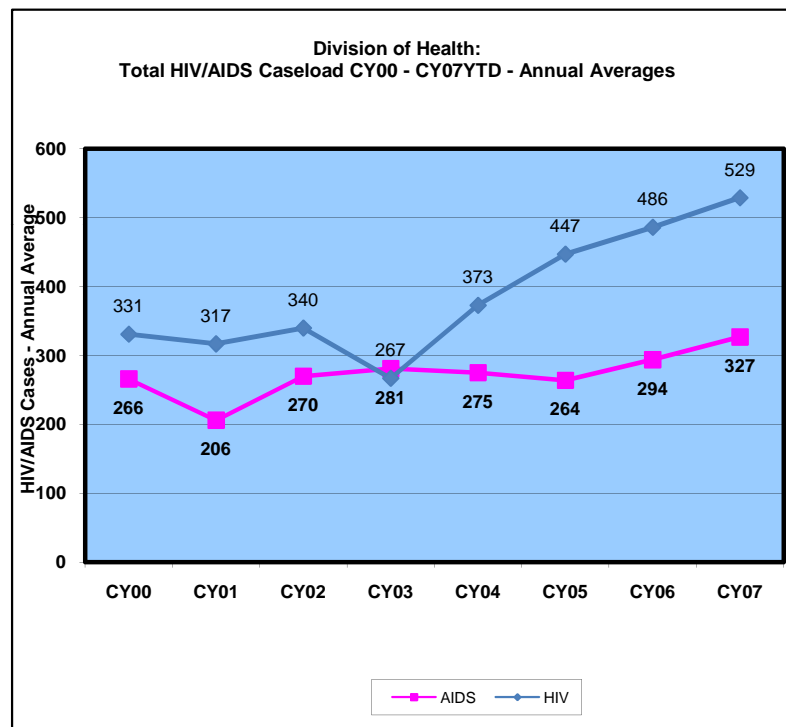
| <u>Workload History:</u> | AIDS | HIV |
|--------------------------|------|-----------|
| CY 06: Avg Cases: | 256 | 486 |
| CY 06 TotExpend *: | | \$769,832 |
| CY 06 Tot#Apps: | | NA |
| CY 07: Avg Cases: | 327 | 529 |
| CY 07 TotExpend*: | | \$769,832 |
| CY 07 Tot#Apps: | | NA |

* The HIV-AIDS Surveillance Program was in a 2-year cost extension in CY2006-2007. Total expenditures (\$1,539,664) were split equally to provide yearly estimates.

CYTD

| | AIDS | HIV |
|------|------|-----|
| CY00 | 266 | 331 |
| CY01 | 206 | 317 |
| CY02 | 270 | 340 |
| CY03 | 281 | 267 |
| CY04 | 275 | 373 |
| CY05 | 264 | 447 |
| CY06 | 294 | 486 |
| CY07 | 327 | 529 |

| | | |
|-------|-------|-------|
| Total | 2,183 | 3,090 |
|-------|-------|-------|



Per Capita/Key Demographics:

In 2006, the cumulative number of AIDS cases in Nevada was 5,762 cases that ranked Nevada 27th nationally based on total cases. In 2006, 294 new AIDS cases were reported in Nevada (11.8 cases per 100,000 population). This incidence rate ranged from 0 per 100,000 in American Samoa, Guam, and the Northern Mariana Islands to 146.7 in the District of Columbia. Nevada's AIDS incidence rate is near the national average of 12.9.

Source: CDC HIV/AIDS Surveillance Report, 2006 (published 2008).

Nevada Department of Health and Human Services - Health Division

"Quick Facts": BCH Ryan White AIDS Drug Assistance Program

Program:

The Ryan White Part B program is a federally funded grant that offers many services for HIV and AIDS residents of Nevada who meet the eligibility criteria. The AIDS Drug Assistance Program (ADAP) is the Ryan White CARE Program that combines federal and state funds to supply formulary medications to clients through contracted ADAP pharmacies. Medicare Part D and Health Insurance Continuation Program assistance is also available. Eligibility intake is offered in the north at the ACCESS to Healthcare office in Reno and in the south at the Aid for AIDS in Nevada (AFAN) office in Las Vegas.

Eligibility:

Client income must not exceed 400% of federal poverty level guidelines - approximately \$40,840 for a single person. A client may own a single-family home and a car. Additional assets of the client may not exceed \$4,000. Lab tests for T-cell and viral load must be done every six months. Ryan White eligibility recertification is mandated every six months. Necessary documents must be provided at each recertification.

Other:

None

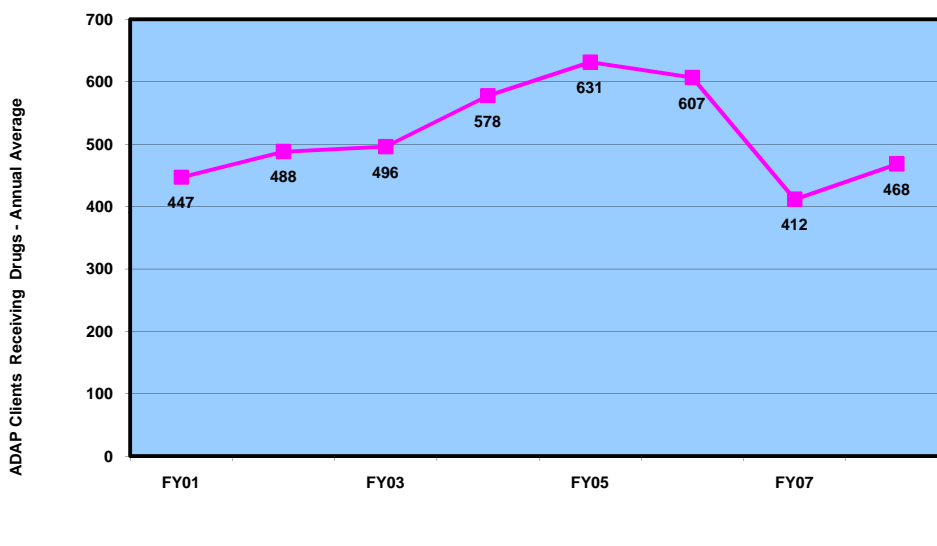
Workload History:

| | |
|-------------------|-------------|
| FY 06: Avg Cases: | 607 |
| FY 06 TotExpend: | \$7,603,697 |
| FY 07: Avg Cases: | 412 |
| FY 07 TotExpend: | \$5,121,494 |

FYTD

| | |
|----------|-------|
| JUL 07 | 418 |
| Aug | 461 |
| Sep | 429 |
| Oct | 456 |
| Nov | 480 |
| DEC | 452 |
| JAN 08 | 546 |
| Feb | 503 |
| Mar | NA |
| Apr | NA |
| May | NA |
| JUN | NA |
| FY08 Tot | 3,745 |
| FY08 Avg | 468 |

Nevada State Health Division:
Ryan White ADAP Caseload FY01 - FY08YTD - Annual Averages
(FYTD = July Through December 07)



Per Capita/Key Demographics:

The Medicare Part-D program went into effect on January 1, 2006. Clients were not required to complete their enrollment until May 15, 2006. The Ryan White ADAP program did not see the full effect of the decrease in client caseload until June 1, 2006. The chart above reflects the significant drop in the client case load between SFY06 & SFY07.

Source: CaseLoad Evaluation Organization (CLEO) Report

Nevada Department of Health and Human Services, Health Division

"Quick Facts": Health Division / BCH Women's Health Connection Program

Program:

The Women's Health Connection Program is a federally funded cooperative agreement through the Centers for Disease Control and Prevention. The cooperative agreement is authorized for 5-year periods, and the current agreement expires on June 29, 2012. Funding is awarded to pay for a clinic office visit for the purpose of having a clinical breast exam, pelvic exam, and Pap test, if needed, for eligible clients. The program pays for the Pap test and will pay for mammograms for women 50 years of age and older. Clients who need a diagnostic work-up based on an abnormal screening exam also are covered by the program. Women diagnosed with breast or cervical cancer as a result of a program-eligible screening or diagnostic service and who are legal citizens of the U.S. are processed into Medicaid for treatment. The program fiscal year is June 30 to June 29 of each year.

Eligibility:

Women must be residents of Nevada, be 40 to 64 years of age, not have health insurance, and must meet the income requirements noted below. Women between the ages of 18 and 39 are eligible for a diagnostic work-up of an abnormal Pap test if they are screened through a clinic of the Community Health Nursing Program. Women 65 years of age or older who are not eligible for Medicare are also eligible.

Other:

Eligibility is based on 250 percent of the Federal Poverty Level with rates adjusted on July 1 of each year.

| Household Size | Eligible Monthly Income* |
|----------------|--------------------------|
| 1 | \$2,127 |
| 2 | \$2,852 |
| 3 | \$3,577 |
| 4 | \$4,302 |
| 5 | \$5,027 |
| 6 | \$5,752 |
| 7 | \$6,477 |
| 8 | \$7,202 |

Note: For each additional person in the household, add \$3,480

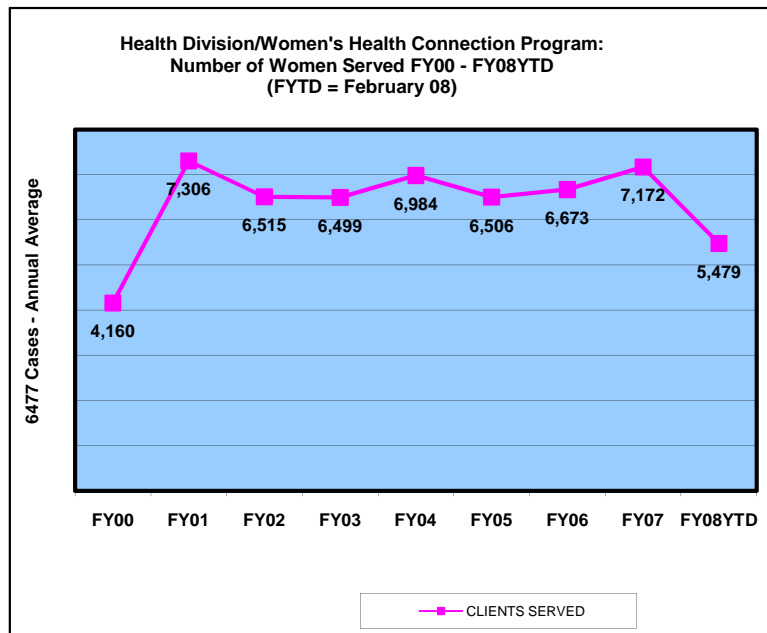
*Effective through June 30, 2008.

Workload History:

| | |
|--------------------------|-------------|
| FY 06: Avg Cases/month: | \$556 |
| FY 06 TotExpend: | \$2,542,279 |
| FY 06 Tot#New Enrollees: | \$3,080 |
| FY 07: Avg Cases/month: | \$598 |
| FY 07 TotExpend: | \$2,286,452 |
| FY 07 Tot#New Enrollees: | \$2,929 |

FYTD

| | |
|----------|--------------|
| JUL 07 | 847 |
| Aug | 858 |
| Sep | 617 |
| Oct | 887 |
| Nov | 767 |
| DEC | 550 |
| JAN 08 | 596 |
| Feb | 357 |
| Mar | NA |
| Apr | NA |
| May | NA |
| JUN | NA |
| FY08 Tot | 5,479 |
| FY08 Avg | 457 |



Per Capita/Key Demographics:

There are no formal resources that assess Nevada's ranking in relation to the number of women served through its breast and cervical cancer screening program or that assess the funding levels by state.

Nevada Department of Health and Human Services, Health Division

"Quick Facts": Health / BCH Sexually Transmitted Disease Program

Program:

The Sexually Transmitted Disease Prevention and Control Program's major function is to reduce the incidence and prevalence of sexually transmitted diseases in Nevada. The program emphasizes the importance of both education and screening of people who engage in high-risk activities by a comprehensive program of: 1) case identification and locating, 2) testing and treatment, and 3) education. The program's functions are achieved by working through public and private medical providers, local health authorities, and state and local disease intervention specialists.

Eligibility:

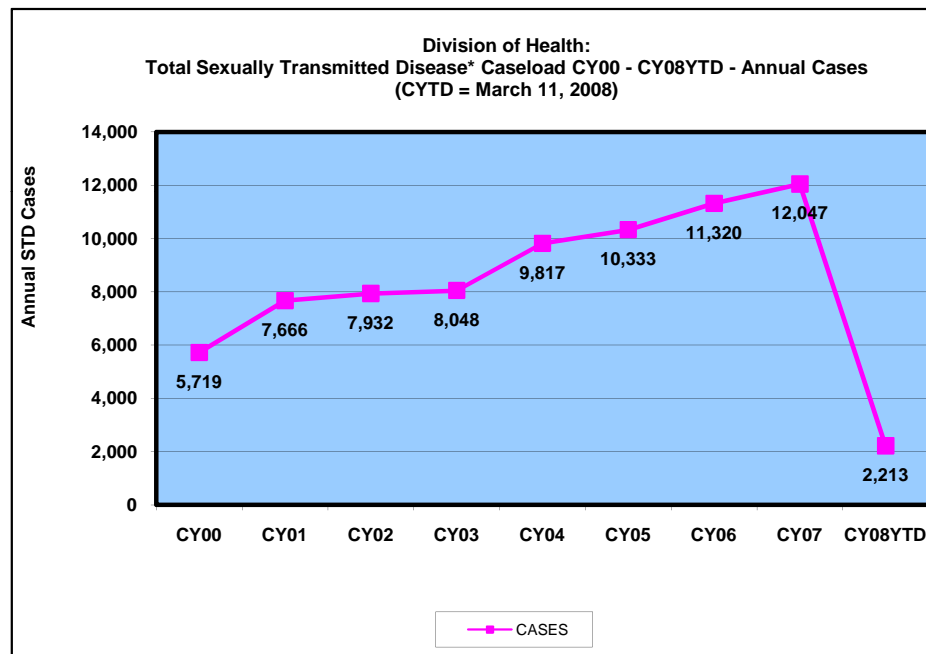
None

Other:

In 2007, Nevada experienced record highs this decade in the number of new reported chlamydia and early infectious syphilis cases. There were 9,559 new cases of chlamydia reported, up 12% from the previous year. Early infectious syphilis increased 7% from 2006 to 2007, a notable increase, but not as substantial as the increase experienced from 2005 to 2006, a growth of 48%. Reported gonorrhea cases continue to decline in Nevada, down 14% in 2007 from 2006. Females accounted for a disproportionately high percentage (74%) of the chlamydia cases in Nevada; while males comprise the majority of gonorrhea (54.8%) and early infectious syphilis (81.9%) cases. While only accounting for 6.9% of the population in Nevada, Black, non-Hispanic persons comprised 17.0% of the new chlamydia cases, 37.5% of the new gonorrhea cases, and 27.9% of the early infectious syphilis cases.

Workload History:

| | |
|------------------|-----------|
| CY 06: Cases: | 11,320 |
| CY 06 TotExpend: | \$488,704 |
| CY 06 Tot#Apps: | N/A |
| CY 07: Cases: | 12,047 |
| CY 07 TotExpend: | \$485,517 |
| CY 07 Tot#Apps: | N/A |



*Includes chlamydia, gonorrhea, and primary and secondary syphilis

Per Capita/Key Demographics:

In 2005, Nevada ranked:

*27th nationally for chlamydia rate per 100,000 population (Mississippi was the highest and New Hampshire was the lowest),

*16th for gonorrhea rate per 100,000 population (Mississippi was the highest and Idaho was the lowest), and

*9th for primary and secondary syphilis rate per 100,000 population (Louisiana was the highest and North Dakota, Vermont, and Wyoming were the lowest).

In 2006, Nevada ranked:

*23rd nationally for chlamydia rate per 100,000 population (Alaska was the highest and New Hampshire was the lowest),

*20th for gonorrhea rate per 100,000 population (Mississippi was the highest and Maine was the lowest),

*4th for primary and secondary syphilis rate per 100,000 population (Louisiana was the highest and Wyoming was the lowest), and

*1st for congenital syphilis cases rate per 100,000 population in 2006.

Source: Kaiser State Health Facts (2005 Statistics) and Centers for Disease Control and Prevention (2006 Statistics)

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Health / BEIS / Part C

Program:

With regional sites in Las Vegas, Reno, Carson City, Elko, and Ely, the Bureau of Early Intervention Services (BEIS) provides early intervention services for eligible children under the age of three. In addition, BEIS contracts with two additional programs, Easter Seals of Southern Nevada (ESSN) and REM Nevada (REM) to provide early intervention services in Clark County. The Part C IDEA Office is responsible for ensuring that all families have equal access to an early intervention program with appropriate services and supports.

Eligibility:

In Nevada, a child must be under the age of three and have a minimum of a 50% delay in one developmental area or 25% delay in two of the following areas: cognitive development, social or emotional development, physical development, including vision and hearing, communication, or adaptive development. A child may also be eligible for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Other:

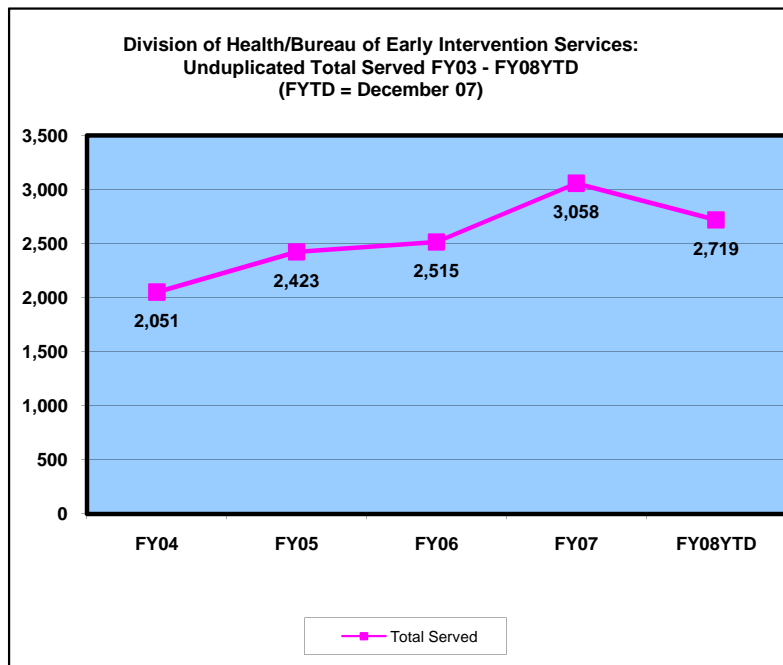
Early intervention services include but are not limited to: service coordination, occupational, physical, and speech therapies, vision and hearing services, nutritional services, specialized instruction, parent support, training and counseling, interpreting services, and assistive technology. Services are voluntary and provided at no cost to parents. Services focus on supporting the family to find opportunities for learning in their child's daily routine, such as playtime, mealtime, etc. With parent permission, commercial insurance may be used to assist with service costs. Parents have procedural safeguards including dispute resolution. Part C, IDEA office ensures compliance with the federal requirements of the Individuals with Disabilities Education Improvement Act of 2004. Part C, IDEA staff monitor all early intervention programs in the state and provide training to ensure that early interventionists have the most current best practices information. Monitoring and accountability includes self-assessment measures, as well as external reviews, technical assistance, data collection, and investigating formal parent complaints.

Workload History:

| | |
|-----------------------|--------------|
| FY 06 Qtr Avg Cases: | 1,657 |
| FY 06 TotExpend: | \$16,538,650 |
| FY 06 Tot# Referrals: | 2,321 |
| FY 07 Qtr Avg Cases: | 1,919 |
| FY 07 TotExpend: | \$20,197,893 |
| FY 07 Tot# Referrals: | 3,785 |

FYTD

| | |
|----------|--------|
| JUL 07 | 2,013 |
| Aug | 2,071 |
| Sep | 2,018 |
| Oct | 2,046 |
| Nov | 2,088 |
| DEC | 2,100 |
| JAN 08 | 2,121 |
| Feb | |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 14,457 |
| FY08 Avg | 2,065 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

Nevada ranked 48th of the 50 states and the District of Columbia in the percent of infants and toddlers served on December 1, 2006, Nevada served 1.36% of the birth to one population. Hawaii ranked 1st serving 7.48% of the states birth to three population and Mississippi ranked 51st serving 1.21% of the states birth to three population.

Source: U.S. Department of Education, Office of Special Education Programs - November 2007

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Health/BFHS/Teen Pregnancy Prevention

Program:

The Teen Pregnancy Prevention program works with local community organizations to promote the prevention of pregnancies in youth ages 14 to 19. The program's main emphasis is to educate parents and their children how to talk to each other about sexual behaviors. Research has shown that parents have the greatest influence on the behaviors of their children. The program works with such entities as Teen Choices, formerly the Clark County Teen Pregnancy Prevention program, the Southern Nevada Area Health Education Center and the Washoe County Teen Health Mall to deliver evidence based educational programs statewide.

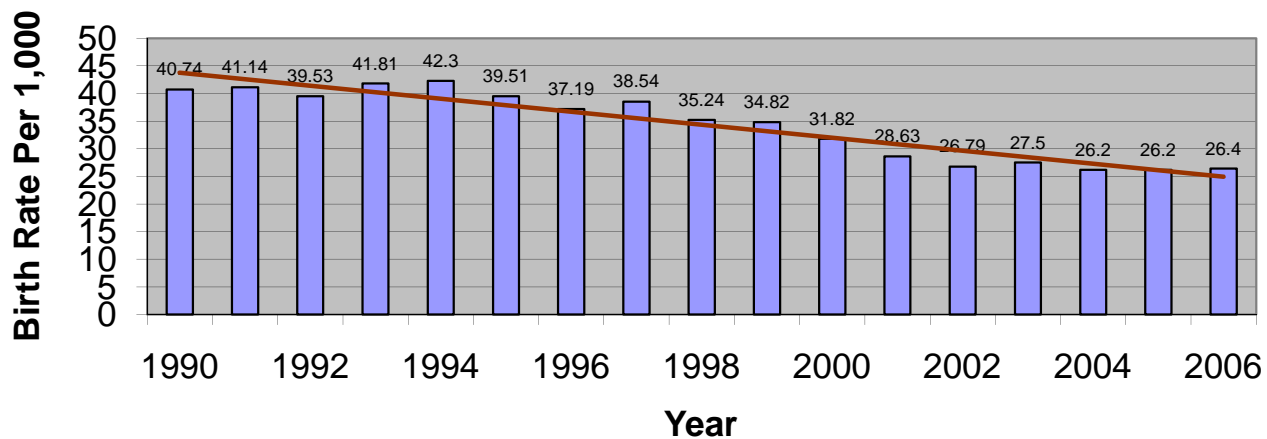
Eligibility:

No eligibility required. This is a population-based program targeting all residents of Nevada.

Other: Subgrant

Southern Nevada Area Health Education Center. Nevada has had a federal grant for abstinence prevention that ended September 30, 2007. Congress has reauthorized it quarter to quarter but no Notice of Grant Award (NGA) has been issued at this time. The Division has a subgrant with Southern Nevada AHEC to provide parent education classes statewide about preventing teen pregnancy. This grant will be extended when the NGA is received.

Birth Rate per 1,000 Ages 15-17 Nevada 1990 to 2006



Note: 2005 and 2006 is preliminary.

Per Capita/Key Demographics:

The preliminary birth rate for females ages 15 to 19 for 2006 is 47.1/1,000. Information reported is preliminary only. Data for 2007 is not yet available. According to the National Campaign to Prevent Teen Pregnancies, Nevada ranked 41st in births to women ages 15-17 in 2005.

Source: Bureau of Health Planning and Statistics, Preliminary Data, Dec. 2007, and National Campaign to Prevent Teen Pregnancies.

Nevada Department of Health and Human Services Director's Office

"Quick Facts": Health/BFHS/WIC

Program:

The Special Supplemental Food Program for Women, Infants, and Children, commonly known as WIC provides nutritious foods to supplement the diets of limited income pregnant, postpartum and breastfeeding women, infants, and children under age 5 who have been determined to be at nutritional risk. At WIC participants get food instruments for healthy foods, advice on good nutrition, health screening, information on health care services like immunizations, prenatal care, and family planning, and information about other family support services available in their community.

Eligibility:

Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infant's first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185% of the federal poverty level. Last, but not least, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

Other: Fiscal Year Participant Data

| Fiscal Year | Total Women | Infants (birth to age 1) | Children (ages 1 - 5) | Average Monthly Participants | Total Food Dollars Expended | Monthly Average Food Package Cost |
|-------------|-------------|--------------------------|-----------------------|------------------------------|-----------------------------|-----------------------------------|
| FY04 | 138890 | 157027 | 242940 | 44907 | \$28,650,258 | \$53.17 |
| FY05 | 146198 | 163169 | 257709 | 47256 | \$28,838,311 | \$50.89 |
| FY06 | 162977 | 176866 | 262045 | 50157 | \$30,036,415 | \$49.90 |
| FY07 | 166575 | 172419 | 263744 | 50232 | \$31,913,823 | \$52.89 |
| FY08TD* | 30451 | 31228 | 50550 | 56115 | \$6,279,077 | \$55.95 |

*FY08TD includes the months of October and November 07

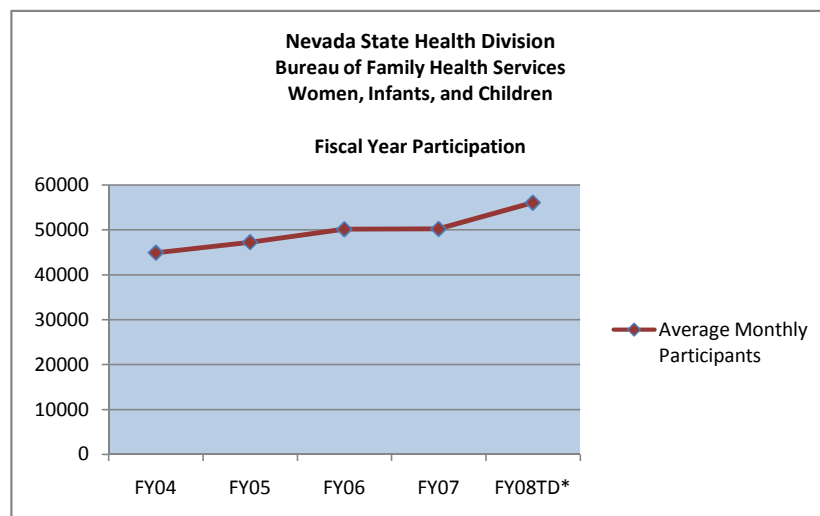
Caseload History: Graphic representation of participation by fiscal year

FFY07

| | |
|-----------------|--------|
| Oct | 48442 |
| Nov | 48607 |
| Dec | 47890 |
| Jan | 48519 |
| Feb | 47890 |
| Mar | 49079 |
| Apr | 49617 |
| May | 50625 |
| Jun | 51556 |
| Jul | 52405 |
| Aug | 53867 |
| Sept | 54287 |
| AVG Total FFY07 | 50,232 |

FFY08

| | |
|----------------|--------|
| Oct | 55,447 |
| Nov | 56,782 |
| Dec | |
| Jan | |
| Feb | |
| Mar | |
| Apr | |
| May | |
| Jun | |
| Jul | |
| Aug | |
| Sept | |
| AVG Total FY08 | 56,115 |



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Health/BFHS/Oral Health

Program:

Nevada State Health Division, Oral Health Program, including the School-based Dental Sealant Promotion and Oral Health Surveillance. For sealants, state staff contact the selected school(s) to make arrangements. Third grade students are targeted. They must have their parents' permission to participate. Surveillance is used by the state and its partners to chart progress, identify gaps, and identify where resources should be targeted. The Oral Health Program is guided by an Oral Health Advisory Committee. It also works with 6 dental coalitions located statewide.

Eligibility:

For sealants, schools with $\geq 50\%$ FR* eligibility or located in a county that has been designated as underserved. For surveillance no eligibility required. This is a population-based program targeting all residents of Nevada.

*FR - Free and Reduced lunches

Other: Surveillance Reports

2004 State Oral Health Plan
 2006 Burden of Oral Disease
 2005 Burden of Oral Disease
 2007 Healthy Smile - Happy Child Head Start Survey
 2006 Healthy Smile - Happy Child Third Grade Survey
 2005 Healthy Smiles for Healthy Living Senior Survey
 2004 Healthy Smile - Happy Child Head Start Survey
 2003 Healthy Smile - Happy Child Third Grade Survey
 2005 Behavioral Risk Factor Surveillance Survey (BRFSS) Oral Health Module Report
 2004 BRFSS Oral Health Module Report
 2003 BRFSS Oral Health Module Report
 2005 Report on NV Hospital In-patient and Emergency Room Use

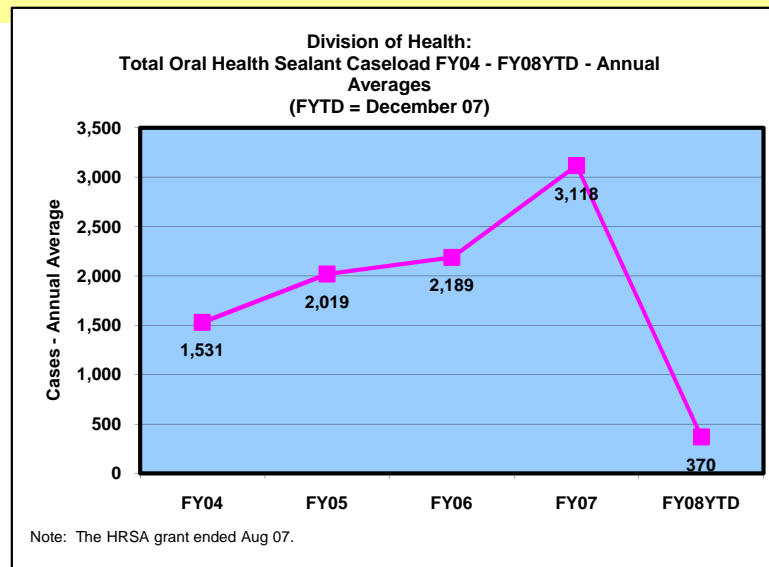
Reports may be found on the Bureau's website.

FYTD

JUL 07 - Dec 07
 # Children sealed
 # Sealants placed

370
 802

FY08 Tot
 FY08 Avg



Per Capita/Key Demographics:

In 2007, 41% of Nevada children had dental sealants (Ninth in the nation. The State with the highest percent was Vermont 66%. The lowest was South Carolina - 20%). Two of the three programs funded through a Health Resources and Services (HRSA) grant ended in August 2007 when the HRSA grant that funds them was not refunded. The CDC grant that funds the management of the sealant program ends August 2008 and it is unknown whether it will be re-funded.

Source: include year of report

Nevada Department of Health and Human Services Director's Office

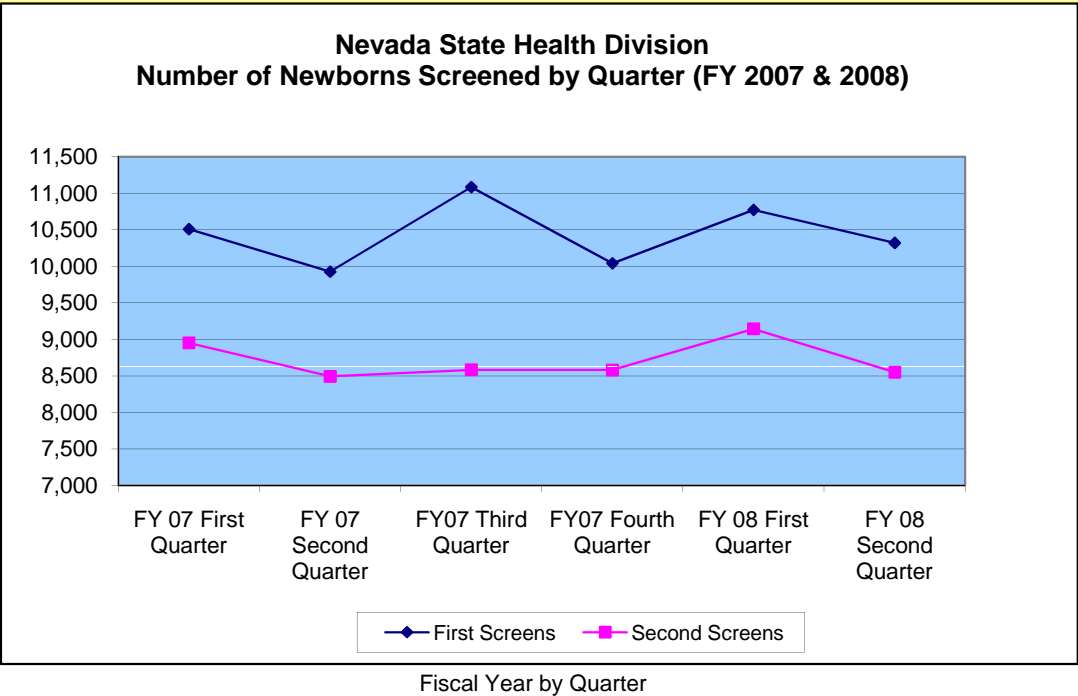
"Quick Facts": Health / BFHS Newborn Screening (NBS) Program

Program:

Nevada revised statutes (NRS 442.008) mandates that all infants born in Nevada receive newborn screening for congenital disorders. A first screen is required between the third and seventh day of life, and a second screen is required between the 15th and 56th day of life. The Newborn Screening Program contracts with the Oregon Public Health Laboratory (OPHL) to test for 31 disorders and is adding cystic fibrosis. This screening is funded through birth registration fees. OPHL is also contracted to follow-up on positive screens and provides medical consultants to Nevada's primary care physicians until a confirmation of diagnosis is reached. The families of infants with identified disorders or children identified through the Nevada Birth Outcomes Monitoring System are sent informational letters concerning the Children with Special Health Care Needs Program giving them a point of contact if assistance is needed.

Eligibility:

There are no eligibility requirements. Newborn screens are required of all infants born in Nevada and birthing facility staff are required to collect an acceptable sample before the infant leaves the facility. NAC 442.020-050.



| | Numbers of First Screens | Nmbers of Second Screens |
|----------------------|-----------------------------|-----------------------------|
| FY 07 First Quarter | 10,508 | 8,952 |
| FY 07 Second Quarter | 9,926 | 8,493 |
| FY07 Third Quarter | 11,084 | 8,583 |
| FY07 Fourth Quarter | 10,042 | 8,581 |
| FY 08 First Quarter | 10,773 | 9,145 |
| FY 08 Second Quarter | 10,320 | 8,550 |

Nevada Department of Health and Human Services Director's Office

"Quick Facts": Health/BFHS/Early Hearing Detection and Intervention

Program:

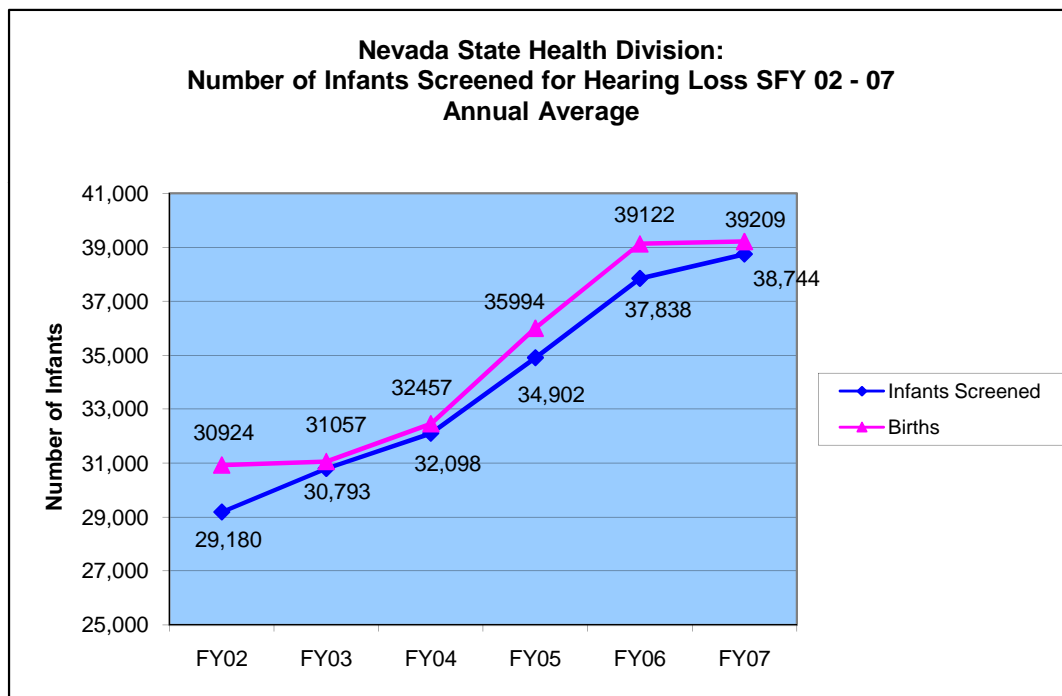
The Nevada Early Hearing Detection and Intervention (EHDI) program works to ensure that all infants are screened for hearing loss at birth, and that all infants identified with hearing loss receive appropriate intervention. The program is funded by a grant from the Health Resources and Services Administration (HRSA). The negative effects of hearing loss can be substantially mitigated through intervention that includes amplification and speech therapy. The program works with all 20 state birthing hospitals and Nevada Early Intervention Services to ensure infants are screened, identified, and entered into services within necessary time frames. The program also works with non-profit agencies focused on hearing loss around the state, and has an active Task Force working to develop best practices.

Eligibility:

NRS 442.450 required all hospitals in the state with 500 or more births per year to screen newborn infants' hearing. At this time all birthing hospitals in the state are screening. All infants that refer from the hearing screening program are eligible for Nevada Early Intervention

Other:

Intervention increases the access to services and dramatically decreases the long-term costs associated with hearing loss.



BY FISCAL YEAR

| | Infants Screened | Births | Percentage of births |
|------|------------------|--------|----------------------|
| FY02 | 29,180 | 30924 | 94.36% |
| FY03 | 30,793 | 31057 | 99.15% |
| FY04 | 32,098 | 32457 | 98.89% |
| FY05 | 34,902 | 35994 | 96.97% |
| FY06 | 37,838 | 39122 | 96.72% |
| FY07 | 38,744 | 39209 | 98.81% |

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Health/BFHS/Children with Special Healthcare Needs Program

Program:

The Children with Special Healthcare Needs (CSHCN) program is a safety net for families of children with special health care needs. The CSHCN assistance is capped at \$10,000 per year and will assist with medical expenses, pharmaceuticals, or medical equipment. Children identified through newborn screening or through the Nevada Birth Outcomes Monitoring System are sent letters informing parents of the program. When contacted, the program's Family Support Specialist directs the parents to the program where they can receive the most assistance.

Eligibility:

To be eligible the child must be a resident of Nevada and a citizen of the United States or a qualified alien, 0 to 19 years of age, have an eligible condition, and have a net household income of less than 250% of the federal poverty level. Individuals covered under Medicaid or Nevada Check Up are not eligible for the CSHCN program. Diagnostic testing can be paid for if the family has a household income less than 300% of the federal poverty level. A family who meets these criteria are eligible whether they have private insurance or not. Eligibility is detailed in NAC 442.600-788.

Other: Income eligibility

| Number of Family Member (s) | CSHCN Eligible 2008 (<250% FPL) | CSHCN Eligible 2008 (diagnostic only; <300% FPL) |
|-----------------------------|---------------------------------|--|
| 1 | 26,000 | 31,200 |
| 2 | 35,000 | 42,000 |
| 3 | 44,000 | 52,800 |
| 4 | 53,000 | 63,600 |
| 5 | 62,000 | 74,400 |
| 6 | 71,000 | 85,200 |
| 7 | 80,000 | 96,000 |
| 8 | 89,000 | 106,800 |
| 9 | 98,000 | 117,600 |
| 10 | 107,000 | 128,400 |

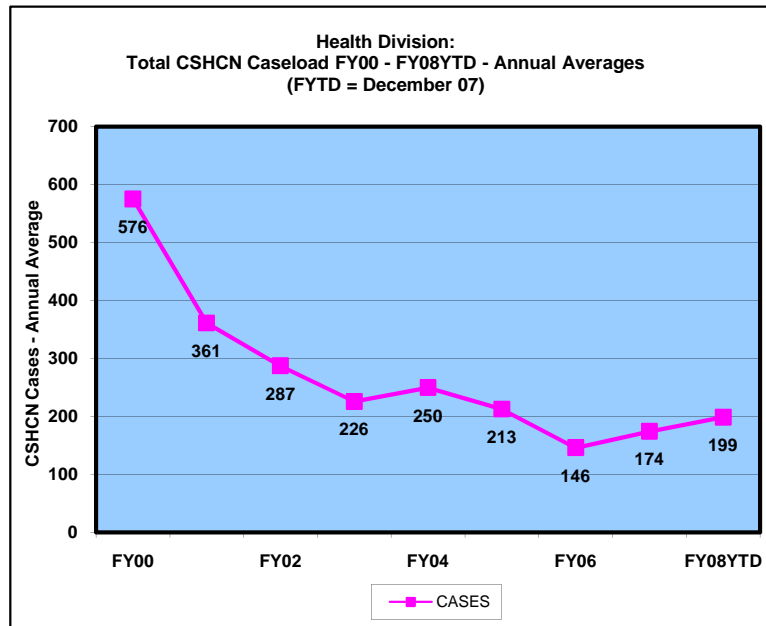
Note: The CSHCN program reimburses at Medicaid rates.

Workload History:

| | |
|-------------------|-----------|
| FY 06: Avg Cases: | 238 |
| FY 06 TotExpend: | \$148,363 |
| FY 06 Tot#Apps: | 245 |
| FY 07: Avg Cases: | 332 |
| FY 07 TotExpend: | \$154,032 |
| FY 07 Tot#Apps: | 292 |

FYTD

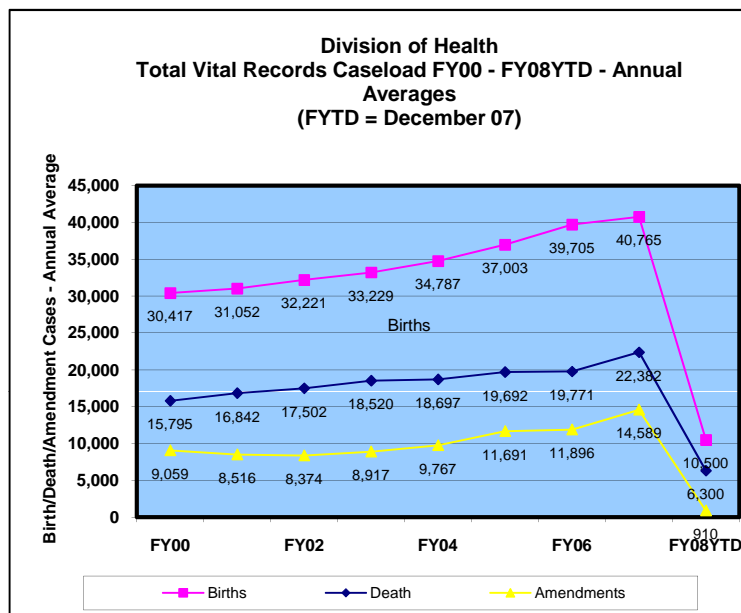
| | |
|----------|-------|
| JUL 07 | 190 |
| Aug | 193 |
| Sep | 196 |
| Oct | 197 |
| Nov | 190 |
| DEC | 206 |
| JAN 08 | 209 |
| Feb | 209 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 1,590 |
| FY08 Avg | 199 |



Per Capita/Key Demographics:

In 2006 Nevada ranked 34th in population and 51st in money spent for CSHCN out of the 50 states and District of Columbia. The high state was California at \$1,291,790,339; the low state was Nevada at \$917,694.

Source: HRSA - Federal-State Title V Block Grant Partnership Expenditures by Class of Individuals Served FY 2006
2006 Population ranking - U.S. Census Bureau



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Health/HP&S/Nevada Central Cancer Registry

Program:

The mission of the Nevada Central Cancer Registry is to gather comprehensive, timely and accurate data on the incidences of cancer in Nevada. The Registry collects and edits data submitted by hospitals, pathology laboratories and free standing out-patient facilities and directly abstracts cancer incidence data from hospitals with less than 100 beds. Data is used for cancer prevention programs, trend analysis and for research.

Eligibility:

No eligibility required. This is a population-based Registry collecting data for all cancer cases diagnosed in Nevada.

Other:

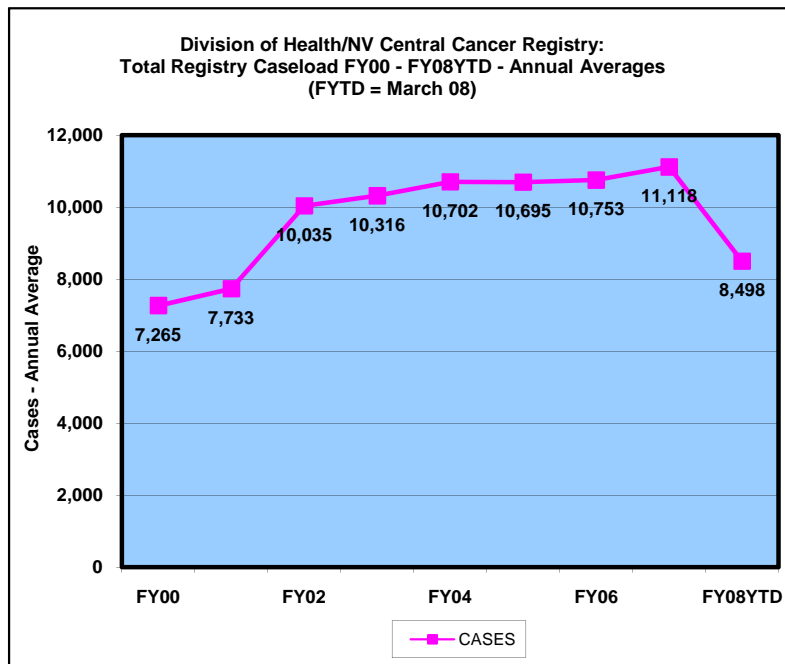
The figures in this report reflect actual cancer incidence data submitted annually to the Centers for Disease Control and Prevention and National Program of Cancer Registries.

Workload History:

| | |
|-------------------|-----------|
| FY 06: Avg Cases: | 896 |
| FY 06 TotExpend: | \$842,722 |
| FY 06 Tot#Apps: | 10,753 |
| FY 07: Avg Cases: | 927 |
| FY 07 TotExpend: | \$707,583 |
| FY 07 Tot#Apps: | 11,118 |

FYTD

| | |
|----------|-------|
| JUL 07 | 1,789 |
| Aug | 590 |
| Sep | 496 |
| Oct | 672 |
| Nov | 975 |
| DEC | 1,548 |
| JAN 08 | 661 |
| Feb | 998 |
| Mar | 769 |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 8,498 |
| FY08 Avg | 944 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

n/a

Nevada Department of Health and Human Services/ Health Division

"Quick Facts": HEALTH / BHPS Environmental Health Section

Program:

The Environmental Health Section of the Bureau of Health Protection Services permits and inspects food establishments and a wide variety of other facilities and businesses to ensure safe sanitary standards to protect public health are maintained in the state, excluding Clark and Washoe Counties and Carson City, which have their own health departments. This section is also responsible for incidents of vector transmission of disease, such as the plague and hanta virus.

Other:

This program assures safe food and healthful public facilities and institutions, creating a foundation of public confidence that encourages economic development. School students are assured a healthful environment in which to focus their educational achievement. Visitors are assured of their health and safety, thus encouraged to come to Nevada to take part in gaming, tourist-related industries, and non-gaming businesses.

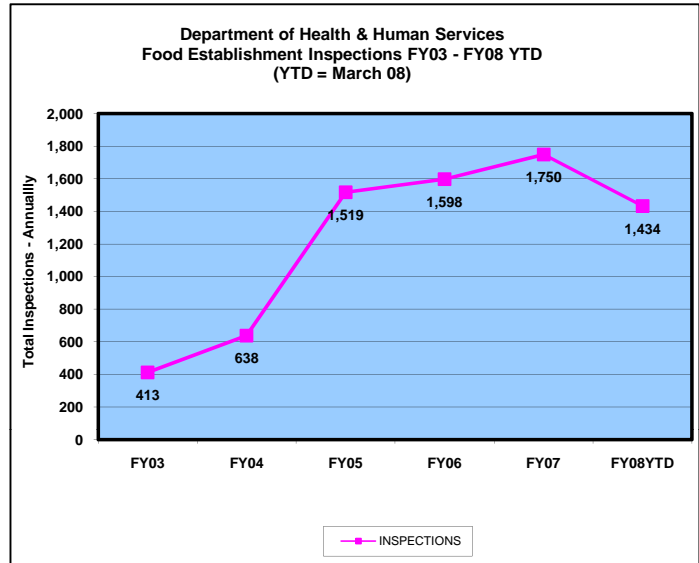
Workload History

FYs 06 and 07

| | |
|--|-----------|
| FY 06 Total Food Establishment Inspections | 1,598 |
| FY 06 Total Fees | \$698,930 |
| FY 06 Total Permits | 2,033 |
| FY 07 Total Food Establishment Inspections | 1,750 |
| FY 07 Total Fees | \$678,867 |
| FY 07 Total Permits | 3,089 |

FY 08 TD

| | |
|----------|-------|
| JUL 07 | 184 |
| Aug | 205 |
| Sep | 140 |
| Oct | 134 |
| Nov | 86 |
| DEC | 158 |
| JAN 08 | 177 |
| Feb | 171 |
| Mar | 179 |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 1,434 |
| FY08 Avg | 159 |



Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Health Div / BLC Medical, Health Care and other Provider Licenses

Program:

Health Facilities

These data describe the average monthly number of license holders.

Eligibility:

Includes medical facilities, health care facilities and agencies, and other care provider entities licensed pursuant to Nevada Revised Statutes (NRS) 449.

These facilities, agencies, and provider types are described on our website at:
www.health.nv.gov > Bureau of Licensure and Certification > Health Facilities.**Other:**

These data show the average monthly number of active licenses.

All licenses issued pursuant to NRS 449 expire on December 31 of the year in which they are issued and may be renewed annually. Renewals are effective January 1 through December 31.

These data do not include professional licenses held by individuals, such as doctors or nurses, but only licenses to operate issued to particular entities, as described in NRS 449.

Workload History:

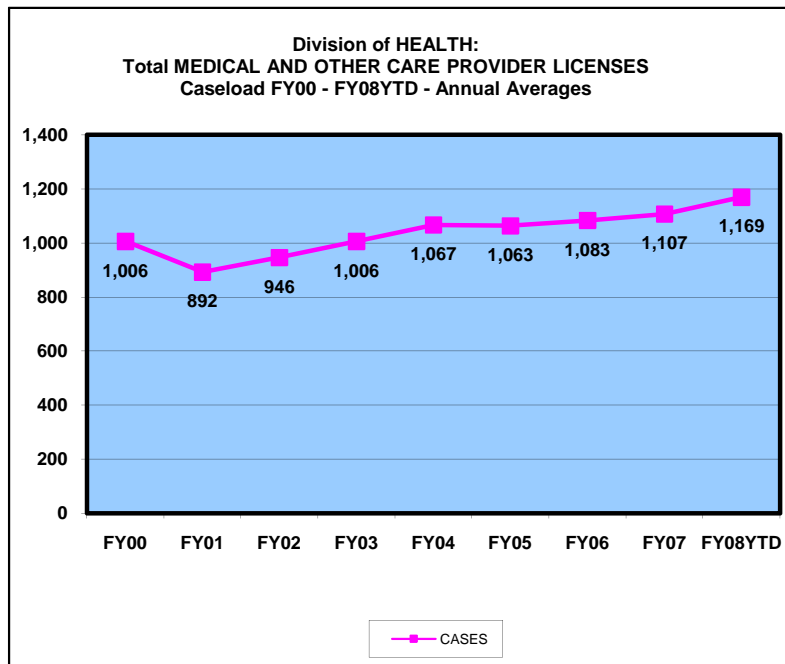
FY 06: Avg Cases: 1,083

FY 07: Avg Cases: 1,107

FYTD

| | |
|--------|-------|
| JUL 07 | 1,165 |
| Aug | 1,190 |
| Sep | 1,213 |
| Oct | 1,251 |
| Nov | 1,280 |
| DEC | 1,302 |
| JAN 08 | 1,022 |
| Feb | 1,047 |
| Mar | 1,054 |
| Apr | |
| May | |
| JUN | |

FY08 Avg 1,169



Nevada Department of Health and Human Services, Health Division

"Quick Facts": HEALTH / Frontier & Rural Public Health Services Program

formerly known as Community Health Nursing

Program:

Frontier & Rural Public Health Services Program (FaR) promotes optimal wellness in rural/frontier Nevada through the delivery of public health nursing, preventative health care and education. Essential public health services such as adult and child immunizations, well child examinations, Family Planning/Cancer Screening, identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) are offered. Two Community Health Nurses (CHN) function as the school nurse in the rural districts without school nurses. Other nursing services are provided based on the needs of the county served.

Eligibility:

All individuals may access the FaR clinics. The targeted populations are: the working poor, under and uninsured, and indigent populations of the fourteen (14) frontier and rural counties in Nevada. FaR services are based on the federal poverty guidelines using a Sliding Scale Fee structure. Services are not denied due to inability to pay.

Other:

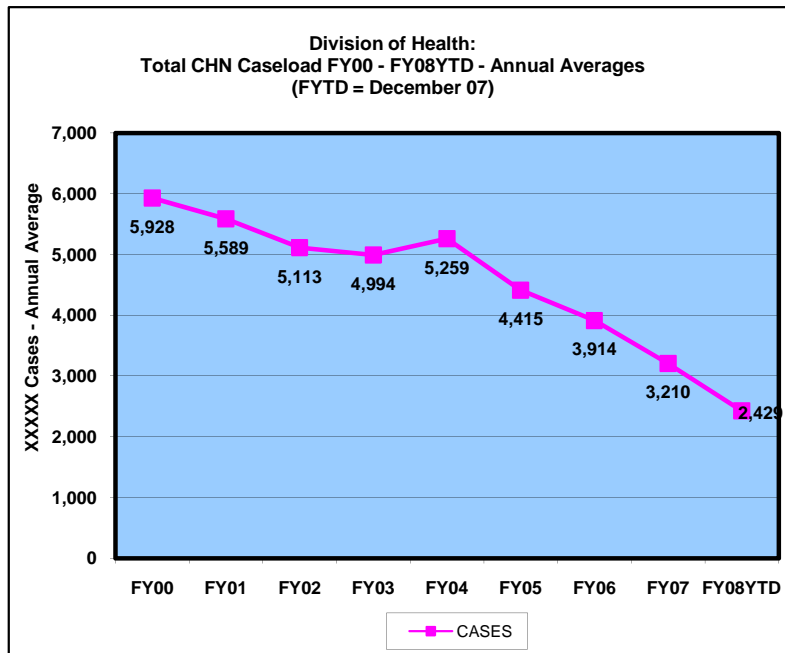
306,406 Rural Residents are eligible for services by the FaR Program; 17 clinics, 71 satellite locations throughout the 14 rural Nevada counties, include 30 public health nurses (combined workforce of state, county and contractual). The Nursing Shortage has had a significant impact on the program's ability to staff clinics. A couple of other major impacts on the program have been; the Carson City and Elko Health District's taking over clinics which has dropped caseload numbers and the inability for patients to pay has caused a significant impact in fee collections.

Workload History:

| | |
|-------------------|-------------|
| FY 06: Avg Cases: | 3,914 |
| FY 06 TotExpend: | \$3,083,274 |
| FY 06 Tot#Apps: | 0 |
| FY 07: Avg Cases: | 3,210 |
| FY 07 TotExpend: | \$3,137,995 |
| FY 07 Tot#Apps: | 0 |

FYTD

| | |
|----------|--------|
| JUL 07 | 2,701 |
| Aug | 3,157 |
| Sep | 2,356 |
| Oct | 3,526 |
| Nov | 4,410 |
| DEC | 3,311 |
| JAN 08 | 4,360 |
| Feb | 2,424 |
| Mar | 2,908 |
| Apr | 0 |
| May | 0 |
| JUN | 0 |
| FY08 Tot | 29,153 |
| FY08 Avg | 2,429 |



Nevada Department of Health and Human Services, Health Division

"Quick Facts": Health/Office of Minority Health (OMH)

Program:

Reducing and/or Eliminating Health Disparities. The Office of Minority Health works to bring together stakeholders from varied backgrounds to investigate root causes of health disparities and work to affect change at the community and policy level related to health disparities among racial and ethnic minority populations in Nevada.

Eligibility:

No eligibility required. This is a population-based program targeting all residents of Nevada. The program goals are to:

- Improve the quality of health care services for members of minority groups;
- Increase access to health care services for members of minority groups; and
- Disseminate information/educate the public on matters concerning health care issues of interest to members of minority groups;

Other:

OMH engages in outreach activities & maintains partnerships with various key stakeholders groups including but not limited to:

- Community Based Organizations (CBOs)
- Community residents
- Universities, Medical Centers, and Schools
- Local and National Health Departments
- State and Federal government offices
- Policy Makers
- Tribal governments
- Advisory Committee
- Faith-based organizations
- Corporations
- Health care systems
- Media

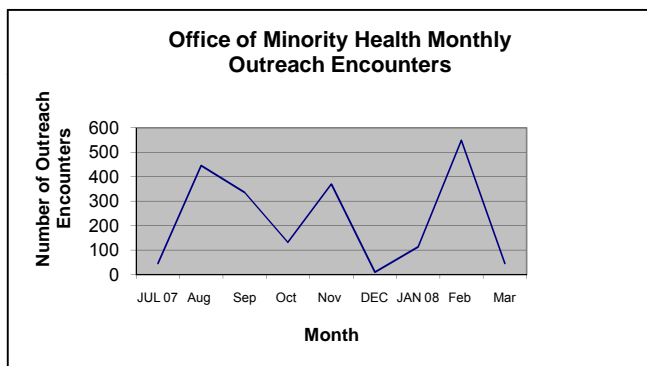
Outreach History:

The OMH has engaged in a number of outreach activities

FY 06: Avg contacts: 98
FY 07: Avg contacts: 228

FYTD

| | |
|----------|-------|
| JUL 07 | 46 |
| Aug | 446 |
| Sep | 336 |
| Oct | 132 |
| Nov | 370 |
| DEC | 11 |
| JAN 08 | 114 |
| Feb | 549 |
| Mar | 46 |
| FY08 Tot | 2,050 |
| FY08 Avg | 228 |



Key Demographics: Demographic Profile of Individuals Encountered:

| Ethnic Group | Percent Encountered | Gender | Percent Encountered | Age Groups | Percent Encountered |
|--|---------------------|--------|---------------------|------------|---------------------|
| African Americans | 40 | Female | 80 | <18 | 15 |
| Hispanics/Latinos | 25 | Male | 20 | 18-35 | 15 |
| Asian Americans | 15 | | | 36-55 | 40 |
| American Indians/Alaska Natives | 10 | | | 56-75 | 20 |
| Native Hawaiians/Other Pacific Islanders | 10 | | | 76+ | 10 |

Key Outreach Activities Accomplished:

- Promoted the mandated Culturally and Linguistically Appropriate Services (CLAS) Standards, educated & trained providers
- Collaborated with health coalitions and assisted with establishing the first African American health coalition in no. Nevada
- Assisted with expansion of the MCH campaign to address African American birth outcomes
- Funded programs to increase early entry into prenatal care, immunizations, and access to primary care services
- Provided referrals for mammography and PAP smears to low-income women
- Conducted targeted outreach and provided application assistance to increase access to health care services for minorities
- Funded a marketing campaign to increase increase knowledge and awareness of health disparities and advocacy role of OMH
- Participated in media events which reached over 400,000 racial and ethnic minority listeners and viewers
- Hosted two health disparities conferences that set a plan of action for reducing health disparities in Nevada
- Provided OMH website with provider information, brochures, related links, and other OMH agency information
- Participated in community health fairs and other community events
- Participated on advisory committees and boards, collaborative workgroups, task forces, and policy initiatives

“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

Nevada Department of Health and Human Services

Mental Health and Developmental Services:

“Quick Facts”

Nevada Department of Health and Human Services

“Quick Facts”: MHDS / Northern Nevada Adult Mental Health Services

Program:

NNAMHS Programs include: Inpatient Services, Psychiatric Observation Unit, Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation (Consumer-Operated Canteen), Residential Programs, Psychiatric Emergency Services, Mental Health Court, Senior Outreach, Outpatient Co-Occurring Treatment Program, and Programs for Assertive Community Treatment (PACT) and a consumer-operated Drop-In Center.

Eligibility:

Inpatient Services are primarily offered to stabilize individuals who are acutely ill and are a danger to self and or others per NRS. For out patient (community) programs, the foremost mental health service priority has been to provide services to consumers with serious mental illness (SMI). Inpatient Services are primarily offered to stabilize individual who are acutely ill and are a danger to self and or others per NRS. For out patient (community) programs, the foremost mental health service priority has been to provide services to consumers with serious mental illness (SMI). The agency serves primarily indigent clients. All clients are required to provide financial information to establish eligibility. Clients may be required to pay a portion of the cost of their services based upon income. The agency provides some services to clients with Medicaid or Medicare coverage.

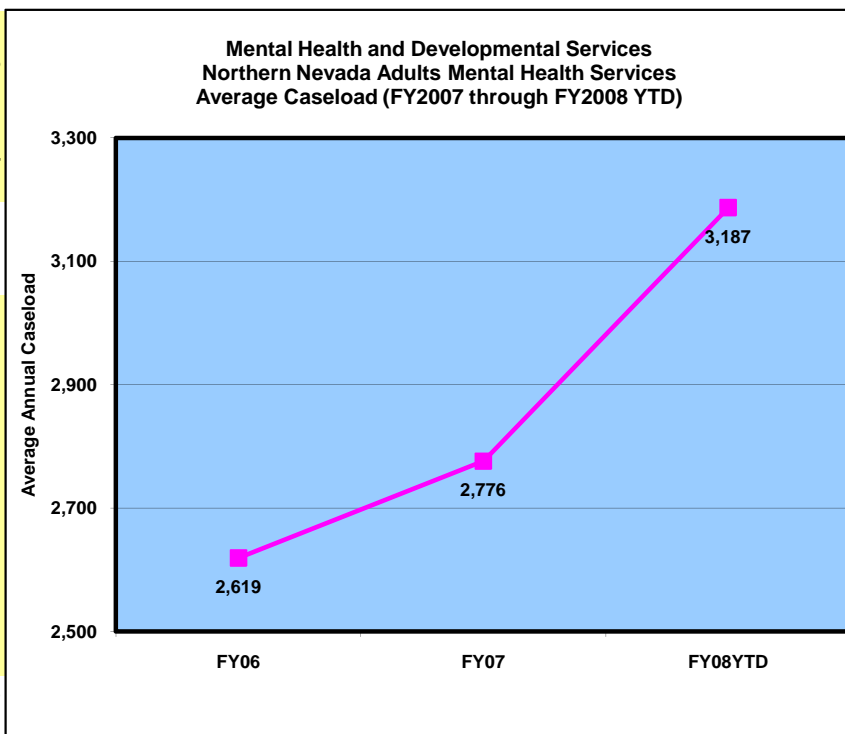
Other: If needed, such as “Need Standard,” etc.

Workload History:

| | |
|-------------------|---------------------|
| FY 06: Avg Cases: | 2,619 |
| FY 06 TotExpend: | \$28,203,503 |
| | |
| FY 07: Avg Cases: | 2,776 |
| FY 07 TotExpend: | \$32,568,194 |

FYTD

| | |
|----------|--------|
| JUL 07 | 2,916 |
| Aug | 3,000 |
| Sep | 3,031 |
| Oct | 3,073 |
| Nov | 3,125 |
| DEC | 3,228 |
| JAN 08 | 3,302 |
| Feb | 3,323 |
| Mar | 3,393 |
| Apr | 3,474 |
| May | |
| JUN | |
| FY08 Tot | 31,865 |
| FY08 Avg | 3,187 |

**Per Capita/Key Demo**

The Division's Mental Health expenditures for all programs are far less than the national average per-capita expenditures (2005 data):

- NV MH per Capita Expenditures-Community-Based Services: \$46.31
- NAT MH per Capita Expenditures-Community-Based Services: \$70.00
- NV National Ranking-MH per Capita Expenditures-Community-Based Services: 32
- NV MH Per Capita Expenditures-State Hospital Services \$14.94
- NAT MH per Capita Expenditures-Hospital Service \$27.35

Nevada Department of Health and Human Services

Quick Facts: MHDS / Rural Clinics

Program:

Rural Clinics: Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, and Residential Programs. Rural Clinics also provides services to children and youth. As of April 2008, the agency provides services in 21 different rural and frontier communities.

Eligibility:

Since rural clinics do not offer hospital or inpatient programs, for outpatient (community) programs, the foremost mental health service priority has been to provide services to consumers with serious mental illness (SMI). People who need hospital services are transferred to NRAMHS or SNAMHS. Inpatient Services are primarily offered to stabilize individual who are acutely ill and are a danger to self and or others per NRS. For outpatient (community) programs, the foremost mental health service priority has been to provide services to consumers with serious mental illness (SMI). The agency serves primarily indigent clients. All clients are required to provide financial information to establish eligibility. Clients may be required to pay a portion of the cost of their services based upon income. The agency provides some services to clients with Medicaid or Medicare coverage. In some communities, Rural Clinics is the only provider of mental health services. In these communities, the agency provides services to clients with private insurance or that are able to pay the full cost of services.

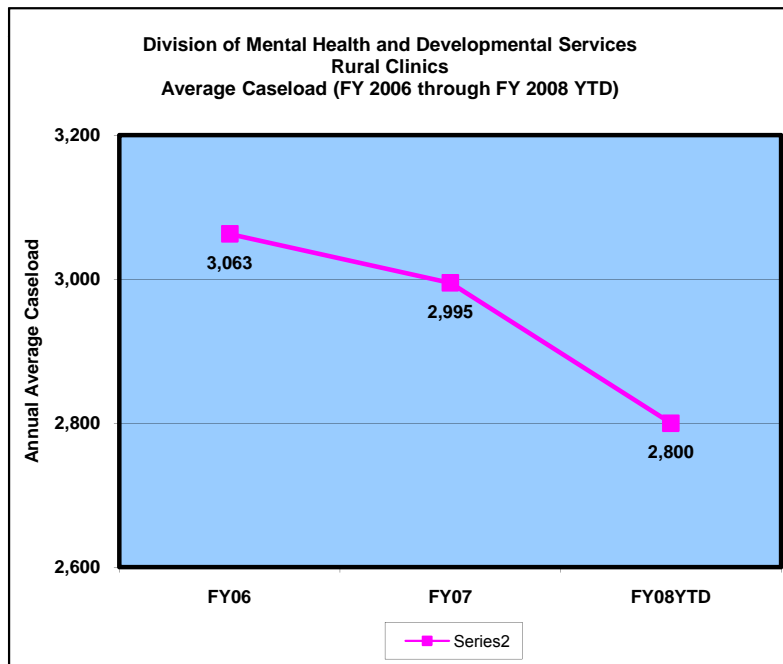
Other: If needed, such as "Need Standard," etc.

Workload History:

| | |
|-------------------|--------------|
| FY 06: Avg Cases: | 3,063 |
| FY 06 TotExpend: | \$12,659,115 |
| FY 07: Avg Cases: | 2,995 |
| FY 07 TotExpend: | \$15,263,345 |

FYTD

| | |
|----------|--------|
| JUL 07 | 2,891 |
| Aug | 2,899 |
| Sep | 2,819 |
| Oct | 2,847 |
| Nov | 2,847 |
| DEC | 2,795 |
| JAN 08 | 2,717 |
| Feb | 2,712 |
| Mar | 2,743 |
| Apr | 2,734 |
| MAY | |
| JUN | |
| FY08 Tot | 28,004 |
| FY08 Avg | 2,800 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

The Division's Mental Health expenditures for all programs are far less than the national average per-capita expenditures (2005 data):

- NV MH per Capita Expenditures-Community-Based Services: \$46.31
- NAT MH per Capita Expenditures-Community-Based Services: \$70.00
- NV National Ranking-MH per Capita Expenditures-Community-Based Services: 32

Nevada Department of Health and Human Services

“Quick Facts”: MHDS / Southern Nevada Adult Mental Health Services

Program:

Key Programs at SNAMHS include: Inpatient Services, Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, Residential Programs, Psychiatric Emergency Services, Intensive Service Coordination, Mental Health Court, Senior Outreach, Mobile Crisis , and two Programs for Assertive Community Treatment (PACT) programs.

Eligibility:

Inpatient Services are primarily offered to stabilize individual who are acutely ill and are a danger to self and or others per NRS. For out patient (community) programs, the foremost mental health service priority has been to provide services to consumers with serious mental illness (SMI). The agency serves primarily indigent clients. All clients are required to provide financial information to establish eligibility. Clients may be required to pay a portion of the cost of their services based upon income. The agency provides some services to clients with Medicaid or Medicare coverage.

Other: If needed, such as “Need Standard,” etc.

Inpatient services have increased significantly over the past two years with the opening of the Rawson-Neal Hospital. As of April 2008, SNAMHS provides 238 inpatient beds, including 30 psychiatric observation beds.

In the last 6 months of FY 2007, SNAMHS decentralized its emergency services and now provides a full array of services at the LV area clinics. This has contributed to a significant growth in outpatient client services.

Workload History:

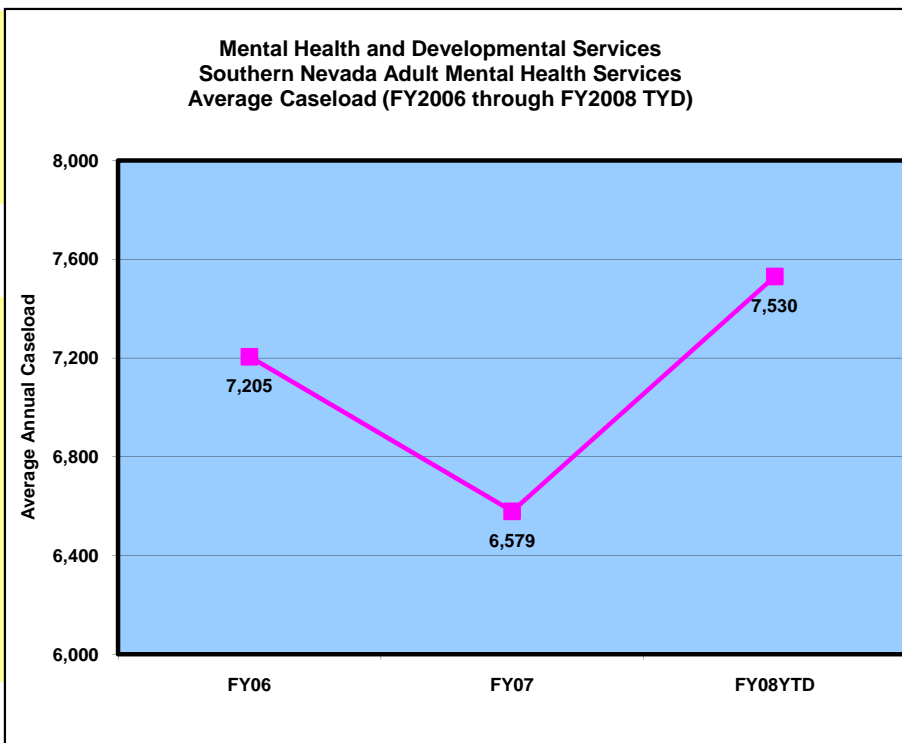
FY 06: Avg Cases: **7,205**
FY 06 TotExpend: **\$71,817,091**

FY 07: Avg Cases: **6,579**
FY 07 TotExpend: **\$91,449,315**

FYTD

| | |
|--------|-------|
| JUL 07 | 6,893 |
| Aug | 6,940 |
| Sep | 6,889 |
| Oct | 7,148 |
| Nov | 7,478 |
| DEC | 7,664 |
| JAN 08 | 7,946 |
| Feb | 7,905 |
| Mar | 8,096 |
| Apr | 8,341 |
| May | |
| JUN | |

FY08 Avg **7,530**



Per Capita/Key Demographics:

The Division's Mental Health expenditures for all programs are far less than the national average per-capita expenditures (2005 data):

- ☐ NV MH per Capita Expenditures-Community-Based Services: \$46.31
- ☐ NAT MH per Capita Expenditures-Community-Based Services: \$70.00
- ☐ NV National Ranking-MH per Capita Expenditures-Community-Based Services: 32
- ☐ NV MH Per Capita Expenditures-State Hospital Services \$14.94
- ☐ NAT MH per Capita Expenditures-Hospital Service \$27.35
- ☐ NV National Ranking-MH per Capita Expenditures-Hospital Services: 45

Nevada Department of Health and Human Services

“Quick Facts”: MHDS / Substance Abuse Prevention and Treatment Agency

Program:

The Substance Abuse Prevention and Treatment Agency (SAPTA) provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. It does not provide direct substance abuse prevention or treatment services. The Agency plans and coordinates statewide substance abuse service delivery and provides technical assistance to programs and other state agencies to ensure that resources are used in a manner which best serves the citizens of Nevada.

Eligibility:

All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.

Other:

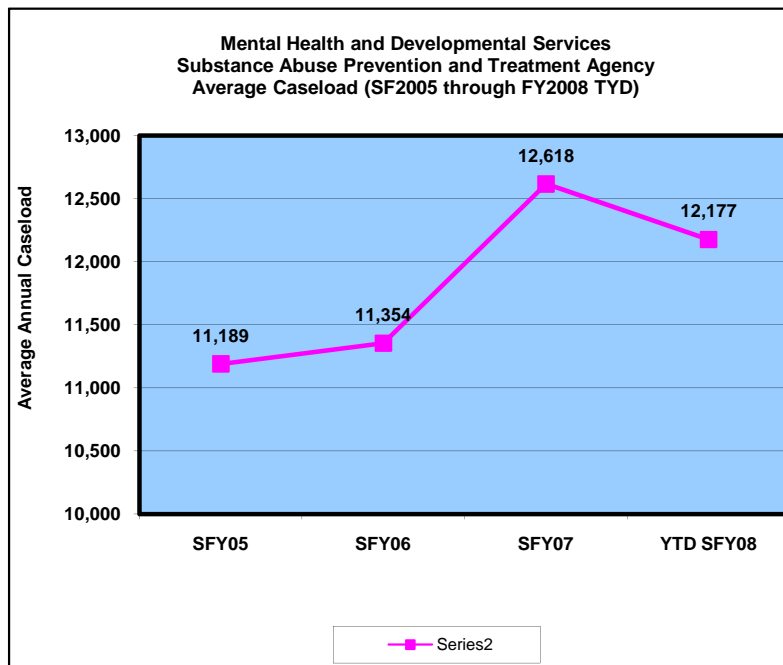
SAPTA is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) issued through the Substance Abuse and Mental Health Services Administration (SAMHSA).

Treatment History:

| | |
|--------------------|--------------|
| FY 06: Admissions: | 11,354 |
| FY 06 TotExpend: | \$15,089,919 |
| FY 07: Admissions: | 12,618 |
| FY 07 TotExpend: | \$14,940,114 |

FYTD

| | |
|------------|--------|
| JUL 07 | 1,064 |
| Aug | 1,136 |
| Sep | 913 |
| Oct | 1,109 |
| Nov | 869 |
| DEC | 966 |
| JAN 08 | 1,069 |
| Feb | 992 |
| Mar (proj) | 1,015 |
| Apr (proj) | 1,015 |
| May (proj) | 1,015 |
| JUN (proj) | 1,015 |
| FY08 Tot | 12,177 |
| FY08 Avg | 1,015 |



Per Capita/Key Demographics:

According to the Issue 9, 2006 DASIS Report: Nevada is the 7th highest (176 per 100,000) among methamphetamine/amphetamine admissions to treatment, with a rate three times the national average (56 per 100,000). According to 2005 Behavioral Risk Factor Surveillance System: Nevada (adults) rank 2nd highest, along with Hawaii, (7.4%) for “heavy drinking per day” of 50 states.

Source: include year of report

Nevada Department of Health and Human Services

“Quick Facts”: MHDS / Desert Regional Center

Program:

In the Las Vegas area, Desert Regional Center offers community-based services in it's main office and four branch offices in Henderson, Pahrump, Las Vegas and North Las Vegas. The largest state-run ICF-MR program is located on the campus near the main office.

Eligibility:

DRC's programs provide a full range of services for people with developmental disabilities and related conditions and their families that include: Service Coordination, Family Support (respite, financial and other assistance), Jobs and Day Training, Residential Programs, and Quality Assurance. Clients must meet financial eligibility standards and must also meet clinical criteria to receive services.

Other: If needed, such as “Need Standard,” etc.

DRC direct services include service coordination, psychological testing and counselling. Other services are provided under contract with community providers. Each region has established extensive community provider networks to allow a private/ public partnership for service delivery.

DS agencies provide many services to Medicaid eligible clients. Direct services are provided under the Medicaid state plan. Provider based services are provided under a Medicaid waiver.

Workload History:

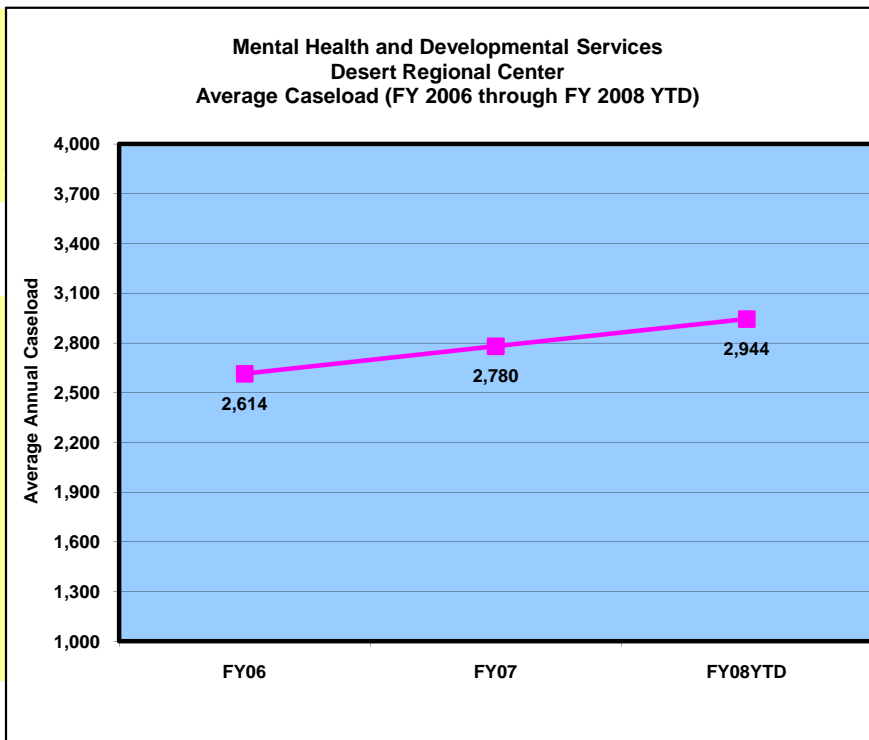
FY 06: Avg Cases: **2,614**
FY 06 TotExpend: **\$58,189,188**

FY 07: Avg Cases: **2,780**
FY 07 TotExpend: **\$66,067,679**

FYTD

| | |
|--------|-------|
| JUL 07 | 2,890 |
| Aug | 2,919 |
| Sep | 2,932 |
| Oct | 2,926 |
| Nov | 2,928 |
| DEC | 2,937 |
| JAN 08 | 2,954 |
| Feb | 2,967 |
| Mar | 2,987 |
| Apr | 3,004 |
| May | |
| JUN | |

FY08 Avg 2,944



Per Capita/Key Demographics:

DS per capita expenditures 2005 – All Services
Nevada Expenditures \$1.28
National Average \$4.11
Nv Nat. Rank: 51st

DS per capita expenditures 2005 -Community Services
Nevada Expenditures \$1.00
DS per capita expenditures 2005 – All Services
Nevada Expenditures \$1.28
National Average \$4.11
Nv Nat. Rank: 51st

DS per capita expenditures 2005 -Community Services
Nevada Expenditures \$1.00

Nevada Department of Health and Human Services

“Quick Facts”: MHDS / Rural Regional Center

Program:

In rural Nevada program offerings include: Service Coordination, Family Support (respite, financial and other assistance), Jobs and Day Training, Residential Programs, and Quality Assurance.

Eligibility:

Services are designed for people with developmental disabilities and related conditions and their families, as well as services for people with developmental disabilities and related conditions and their families.

Other: If needed, such as “Need Standard,” etc.

RRC direct services include service coordination, psychological testing and counselling. Other services are provided under contract with community providers. Each region has established extensive community provider networks to allow a private/ public partnership for service delivery.

Developmental Services agencies provide many services to Medicaid eligible clients. Direct services are provided under the Medicaid state plan. Provider based services are provided under a Medicaid waiver.

Workload History:

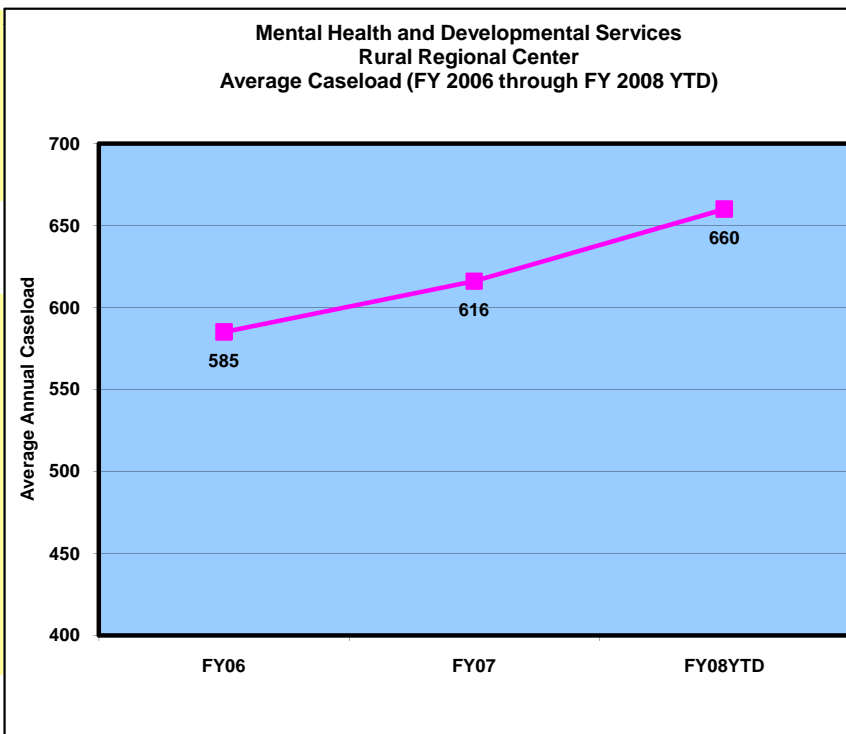
FY 06: Avg Cases: **585**
FY 06 TotExpend: **\$11,711,563**

FY 07: Avg Cases: **616**
FY 07 TotExpend: **\$14,162,442**

FYTD

| | |
|--------|-----|
| JUL 07 | 650 |
| Aug | 647 |
| Sep | 655 |
| Oct | 659 |
| Nov | 653 |
| DEC | 658 |
| JAN 08 | 667 |
| Feb | 666 |
| Mar | 667 |
| Apr | 677 |
| May | |
| JUN | |

FY08 Avg 660



Per Capita/Key Demographics:

DS per capita expenditures 2005 – All Services
Nevada Expenditures \$1.28
National Average \$4.11
Nv Nat. Rank: 51st

DS per capita expenditures 2005 -Community Services
Nevada Expenditures \$1.00

Nevada Department of Health and Human Services

“Quick Facts”: MHDS / Sierra Regional Center

Program:

Sierra Regional Center (SRC) provides services to the clients in the Reno/ Sparks area. SRC provides a full array of community based services and operates an intermediate care facility for the mentally retarded (ICFMR). The ICFMR is being phased out during FY 2008 and all clients will be served in community placements by the end of the fiscal year.

Eligibility:

SRC's programs provide a full range of services for people with developmental disabilities and related conditions and their families that include: Service Coordination, Family Support (respite, financial and other assistance), Jobs and Day Training, Residential Programs, and Quality Assurance. Clients must meet financial eligibility standards and must also meet clinical criteria to receive services.

Other: If needed, such as “Need Standard,” etc.

SRC direct services include service coordination, psychological testing and counselling. Other services are provided under contract with community providers. Each region has established extensive community provider networks to allow a private/ public partnership for service delivery.

Developmental Services agencies provide many services to Medicaid eligible clients. Direct services are provided under the Medicaid state plan. Provider based services are provided under a Medicaid waiver.

Workload History:

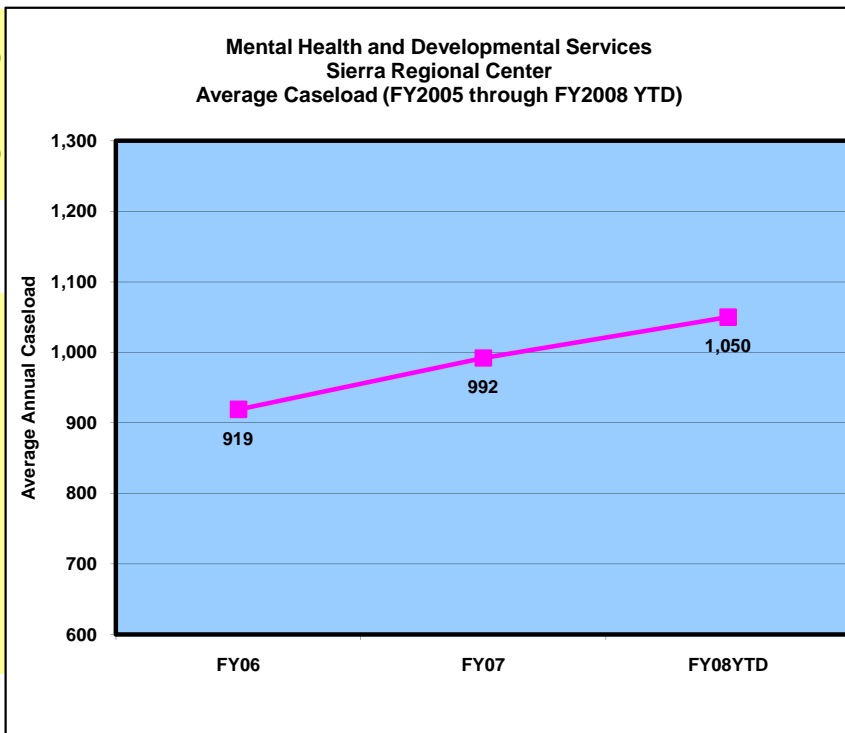
FY 06: Avg Cases: **919**
FY 06 TotExpend: **\$29,102,319**

FY 07: Avg Cases: **992**
FY 07 TotExpend: **\$31,706,579**

FYTD

| | |
|--------|-------|
| JUL 07 | 1,030 |
| Aug | 1,038 |
| Sep | 1,039 |
| Oct | 1,048 |
| Nov | 1,059 |
| DEC | 1,056 |
| JAN 08 | 1,059 |
| Feb | 1,056 |
| Mar | 1,054 |
| Apr | 1,057 |
| May | |
| JUN | |

FY08 Avg 1,050



Per Capita/Key Demographics:

- Developmental Services Fiscal Effort for all Services
- Nevada Expenditures \$1.28
- National Average \$4.11
- Ranking 51st 51st 2002

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": MHDS / Lake's Crossing

Program:

Lake's Crossing Center is the only forensic mental health facility serving clients in the state of Nevada. At the present time the facility is funded for 76 beds and serves both male and female clients. The program provides treatment for severe mental illness and other disabling conditions that interfere with a person's ability to proceed with their adjudication or return to the community after having been found Not Guilty By Reason of Insanity/Incompetent Without Probability of attaining competence. The program provides a broad spectrum of treatment interventions.

Eligibility:

Clients are admitted to the inpatient program primarily by court order after a pre-commitment examiner has found them incompetent to stand trial and recommended treatment to competency. Clients may be charged with any crime from a misdemeanor to class A felony, but generally only violent offenders or those who cannot be treated outpatient are ordered to the program. The program also treats clients who are acquitted NGRI or serious offenders whose charges have been dropped because they are incompetent. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere.

Other: If needed, such as "Need Standard," etc.

Clients may only be discharged from the program by court order or in the case of Administratively transferred clients, the Administrator of the Division of Mental Health.

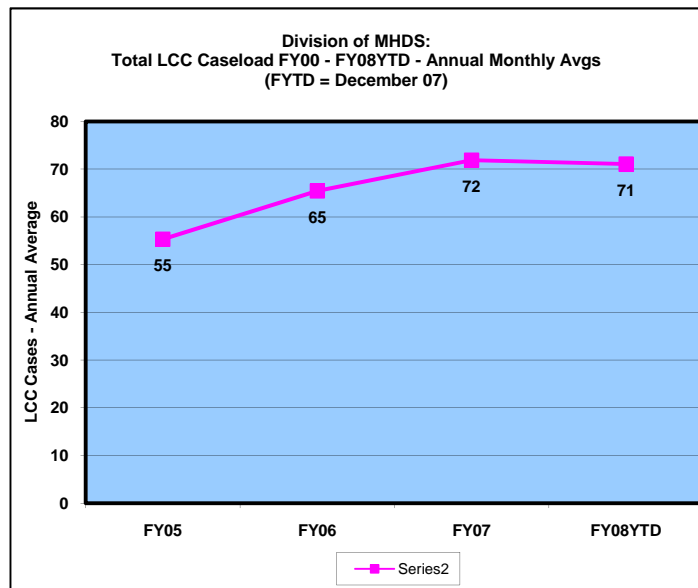
LCC completes a significant amount of outpatient evaluations each year in addition to its inpatient treatment and evaluation commitments. There are also an increasing number of clients ordered for outpatient treatment to competency from Washoe County (presently five) who are not admitted to the hospital. The outpatient evaluations may be individuals from all counties except Clark. In FY07 we did 676 evaluations in Washoe County and 712 in 2008. The rural county outpatient evaluations also are growing and data is available if needed.

Workload History:

| | |
|----------------------|-------------|
| FY 06: Avg Mo. Cases | 65 |
| FY 06 TotExpend: | \$6,846,601 |
| FY 06 Tot#Apps: | |
| FY 07: Avg Mo.Cases: | 72 |
| FY 07 TotExpend: | \$8,449,093 |
| FY 07 Tot#Apps: | |

FYTD

| | |
|----------|-----|
| JUL 07 | 70 |
| Aug | 75 |
| Sep | 75 |
| Oct | 75 |
| Nov | 74 |
| DEC | 71 |
| JAN 08 | 75 |
| Feb | 64 |
| Mar | 68 |
| Apr | 65 |
| May | 69 |
| JUN | |
| FY08 Tot | 781 |
| FY08 Avg | 71 |



Per Capita/Key Demographics:

NV Expenditures per Inpatient Day-Forensic: \$5.60
 NAT Expenditures per Inpatient Day-Forensic: \$47.00
 NV National Ranking- Expenditures per Inpatient Day-Forensic: 30

“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

Nevada Department of Health and Human Services
Public Defender: “Quick Facts”

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": Public Defender

Program:

Representation of indigent persons charged with a criminal offense in a participating county.

Eligibility:

The court determines eligibility considering income, expenses, personal property, outstanding debt. The potential client must be at risk of receiving a sentence of confinement.

Other:

If the defendant does not have the liquid assets to retain private counsel for the specific type of case, the court will consider appointing the public defender. The defendant may be required to reimburse the county for the services of the public defender.

Workload History:

FY 06: Avg Cases: 2,604

FY 07: Avg Cases: 2,691

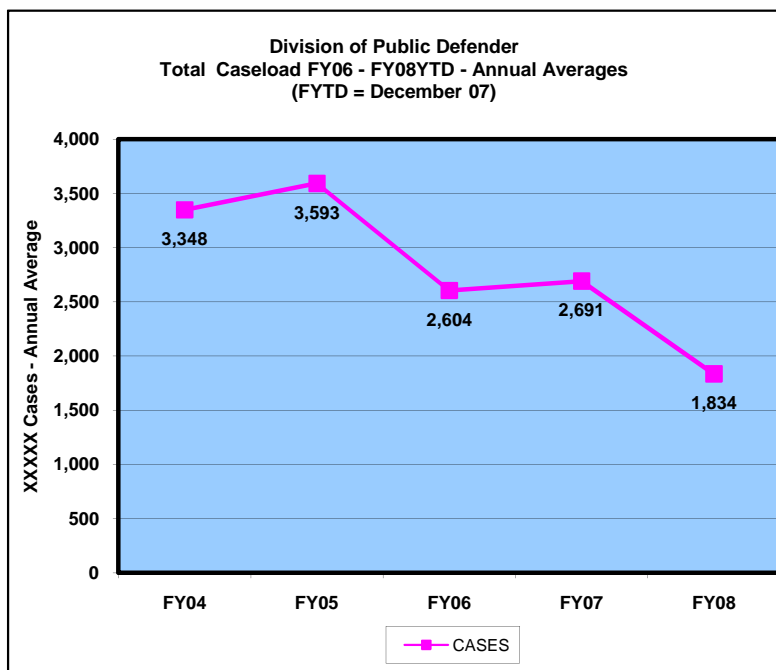
| | |
|-----------------------|-------|
| Carson City FY 07 | 2,064 |
| Eureka FY 07 | 101 |
| Lincoln FY 07 | 57 |
| Storey FY 07 | 184 |
| White Pine FY 07 | 177 |
| State/Appellate FY 07 | 108 |

Humboldt opt out
Pershing opt out

Total FY 07 2,691

YTD FY 08 Jan-April

| | |
|-----------------------|-------|
| Carson City FY 08 | 1,638 |
| Eureka FY 08 | 46 |
| Lincoln FY 08 | 58 |
| Storey FY 08 | 134 |
| White Pine FY 08 | 239 |
| State/Appellate FY 08 | 62 |
| Total FY 08 - YTD | 2,177 |



“HELPING PEOPLE – IT’S WHO WE ARE AND WHAT WE DO”

Nevada Department of Health and Human Services

Division of Welfare and Supportive Services:

“Quick Facts”

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Child Care and Development Program

Program:

The Child Care Program assists low-income families, families receiving temporary public assistance, or families with children placed by CPS and Foster parents by subsidizing child care costs so they can work or attend training/school. Households are able to qualify for child care subsidies based upon their total monthly gross income, household size, and other requirements. Assistance is provided through 3 programs: Traditional - certificate for licensed or informal child care; Contracted Slots - Before and After School Programs; and Wrap-Around for services before and after the Head Start Program.

Eligibility:

To qualify for child care subsidy assistance, the child must be 12 years old or younger unless the child has a verified special need. Other factors include citizenship, immunizations, relationship, residency and social security numbers. Additionally, adult household members and minor parents must have a purpose of care such as working or attending school or training.

Other: Fee Scale

The Sliding Fee Scale provides the income limits for each household size. This is an example for a four person household. The (P) indicates the federal poverty level. The bold number in the center indicates 130% of the federal poverty level. The asterisk at the bottom signifies the number to the left is 75% of Nevada's median income. The column on the right designates the percentage of the State approved maximum child care rate which would be paid by the Child Care & Development Program. Contact the child care agency in your area for additional information.

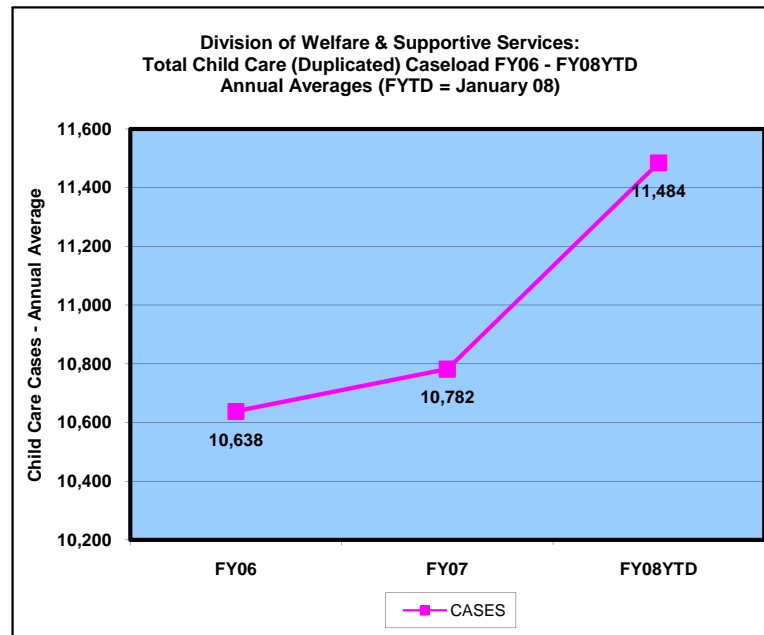
| | Four | | Subsidy % |
|----------|--------------|--------------|------------|
| | \$ - | \$ 1,721 (P) | 95-110% ** |
| \$ 1,722 | - | \$ 1,990 | 90% |
| \$ 1,991 | 2,237 | \$ 2,258 | 80% |
| \$ 2,259 | - | \$ 2,527 | 70% |
| \$ 2,528 | - | \$ 2,795 | 60% |
| \$ 2,796 | - | \$ 3,064 | 50% |
| \$ 3,065 | - | \$ 3,332 | 40% |
| \$ 3,333 | - | \$ 3,601 | 30% |
| \$ 3,602 | - | \$ 3,861 * | 20% |
| \$ 3,862 | | | |

Workload History:

| | |
|------------------------|--------------|
| FY 06: Avg Cases: | 10,638 |
| FY 06: Total Payments: | \$34,387,666 |
| FY 07: Avg Cases: | 10,782 |
| FY 07: Total Payments: | \$34,984,191 |

FYTD

| | |
|----------|--------|
| JUL 07 | 12,481 |
| Aug | 11,206 |
| Sep | 10,985 |
| Oct | 11,388 |
| Nov | 11,192 |
| DEC | 11,848 |
| JAN 08 | 11,288 |
| Feb | |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 80,388 |
| FY08 Avg | 11,484 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year

None

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Child Support Enforcement Program

Program:

The program is a federal, state, and local intergovernmental collaboration functioning in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, and the Virgin Islands. The Office of Child Support Enforcement in the Administration for Children and Families of the U.S. Department of Health and Human Services helps states develop, manage and operate child support programs effectively and according to federal law.

The Child Support Program is supervised by DWSS and jointly operated by county district attorney's offices through cooperative agreements.

Eligibility:

There are no eligibility requirements for child support services which include locating the non-custodial parent, establishing paternity and support obligations and enforcing the child support order. Non-public assistance custodians fill out an application for services. Public assistance custodians must assign support rights to the state and cooperate with the agency regarding child support services.

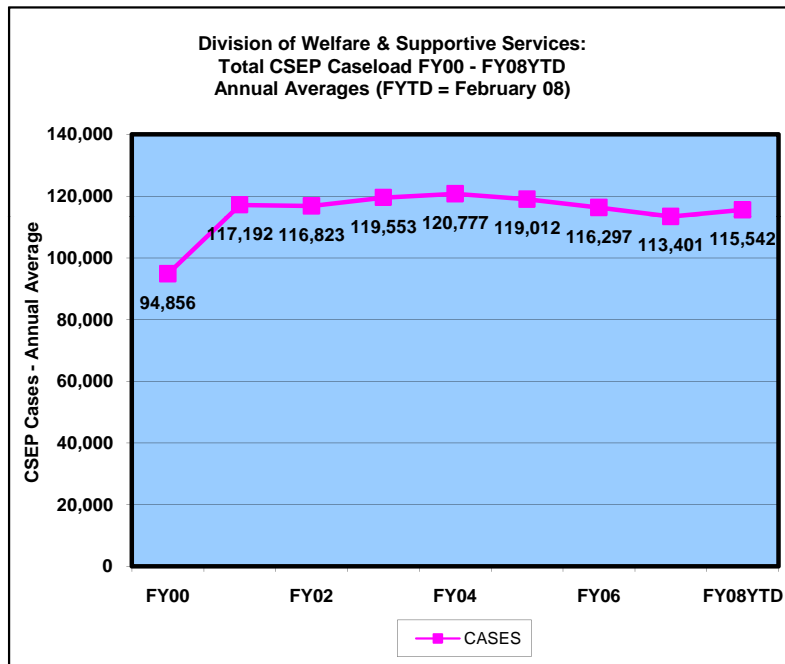
Other: NONE

Workload History:

| | |
|--------------------------|---------------|
| FY 06: Avg Cases: | 117,181 |
| FY 06: Total Collection: | \$151,430,391 |
| FY 07: Avg Cases: | 113,401 |
| FY 07: YTD Collection: | \$166,152,302 |

FYTD

| | |
|----------|---------|
| JUL 07 | 114,370 |
| Aug | 113,877 |
| Sep | 114,027 |
| Oct | 114,257 |
| Nov | 116,383 |
| DEC | 117,015 |
| JAN 08 | 116,262 |
| Feb | 118,148 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 924,339 |
| FY08 Avg | 115,542 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

None

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Food Stamps

Program:

The purpose of the Food Stamp Program is to raise the nutritional level among low income households whose limited food purchasing power contributes to hunger and malnutrition among members of these households. Application requests may be made verbally, in writing, in person or through another individual. A responsible adult household member knowledgeable of the households circumstances may apply and be interviewed. The date of application is the date the application is received in the Division of Welfare and Supportive Services office.

Eligibility:

The household's gross income must be less than or equal to 130% of poverty; the household's net income must be less than or equal to 100% of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all households except those with elderly or disabled members is \$2,000; households with elderly or disabled members have a resource limit of \$3,000 (exceptions: one vehicle, home, household goods and personal items).

Other: Need Standard

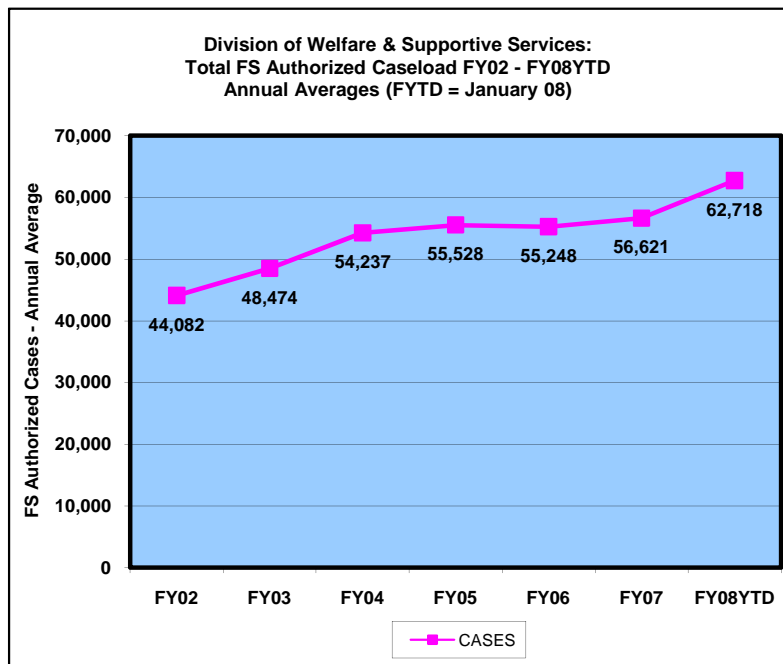
| HH Size | 130% of Poverty | 100% of Poverty | Maximum Allotment |
|---------|-----------------|-----------------|-------------------|
| 1 | \$1,107 | \$851 | \$162 |
| 2 | \$1,484 | \$1,141 | \$298 |
| 3 | \$1,861 | \$1,431 | \$426 |
| 4 | \$2,238 | \$1,721 | \$542 |
| 5 | \$2,615 | \$2,011 | \$643 |
| 6 | \$2,992 | \$2,301 | \$772 |
| 7 | \$3,369 | \$2,591 | \$853 |
| 8 | \$3,746 | \$2,881 | \$975 |

Workload History:

FY 06: Avg Cases: 55,248
 FY 06 TotExpend: \$124,486,526
 FY 06 Tot#Apps: 143,191
 FY 07: Avg Cases: 56,621
 FY 07 TotExpend: \$129,249,045
 FY 07 Tot#Apps: 160,063

FYTD

JUL 07 59,828
 Aug 61,100
 Sep 61,759
 Oct 62,918
 Nov 63,545
 DEC 64,338
 JAN 08 65,540
 Feb
 Mar
 Apr
 May
 JUN
 FY08 Tot 439,028
 FY08 Avg 62,718



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

None

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Food Stamp Employment and Training Program (FSET)

Program:

FSET promotes the employment of Food Stamp participants through job search activities and group or individual programs which provide a self-directed placement philosophy, allowing the participant to be responsible for his/her own development by providing job skills and the confidence to obtain employment. FSET also provides support services in the form of transportation reimbursement, bus passes and assistance meeting the expenditures required for Job Search (such as interview clothing, health or sheriff's card if it is known that one will be required).

Eligibility:

Registration and participation is mandatory and a condition of Food Stamp eligibility for all non-exempt Food Stamp participants. Persons who are exempt may volunteer. Persons are exempt when they are under age sixteen (16), age sixty (60) or older, disabled, caring for young children under the age of six (6) or disabled family members or are already working.

Other: NONE

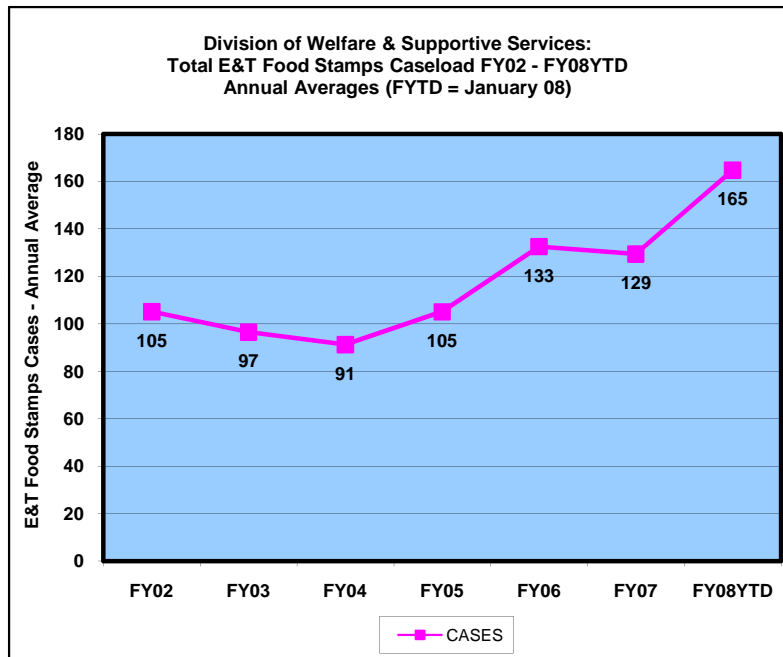
Workload History:

FY 06: Avg Cases:

FY 07: Avg Cases:

FYTD

| | |
|----------|-------|
| JUL 07 | 122 |
| Aug | 172 |
| Sep | 151 |
| Oct | 204 |
| Nov | 125 |
| DEC | 141 |
| JAN 08 | 175 |
| Feb | 228 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 1,318 |
| FY08 Avg | 165 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year

None

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/ENERGY ASSISTANCE PROGRAM

Program:

The Energy Assistance Program (EAP) assists eligible Nevadans maintain essential heating and cooling in their homes during the winter and summer seasons. The program provides for emergency assistance as well.

Eligibility:

Citizenship, Nevada residency, household composition, social security numbers for each household member, energy usage and income are verified prior to the authorization and issuance of benefits. Eligible households' income must not exceed the greatest of 150% of poverty level or 60% of the state median income. Priority is given to the most vulnerable households, such as the elderly, disabled and young children.

Other: Need Standard

2008 HHS Poverty Guidelines

| Persons in Family or Household | 48 Contiguous States and D.C. |
|--------------------------------|-------------------------------|
| 1 | \$10,400 |
| 2 | \$14,000 |
| 3 | \$17,600 |
| 4 | \$21,200 |
| 5 | \$24,800 |
| 6 | \$28,400 |
| 7 | \$32,000 |
| 8 | \$35,600 |

ESTIMATED STATE MEDIAN INCOME FFY 2009

| 60% of estimated State median income for a fourperson |
|---|
| \$39,657 |
| |
| |
| |
| |
| |
| |
| |

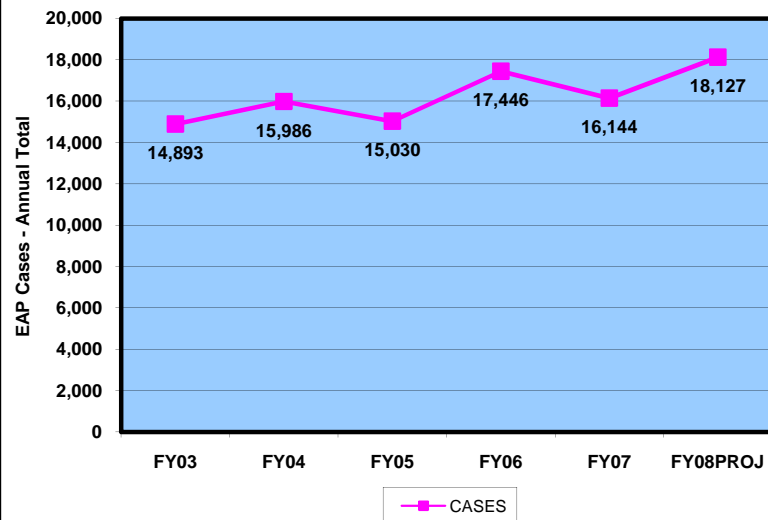
Workload History:

| | |
|-------------------|--------------|
| FY 06: Avg Cases: | 1,454 |
| FY 06 Tot Cases: | 17,446 |
| FY 06 TotExpend: | \$15,243,953 |
| FY 06 Tot#Apps: | 22,259 |
| FY 07: Avg Cases: | 1,345 |
| FY 07: Tot Cases: | 16,144 |
| FY 07 TotExpend: | \$14,360,703 |
| FY 07 Tot#Apps: | 26,414 |

FYTD

| | |
|----------------|--------|
| JUL 07 | 1,432 |
| Aug | 1,356 |
| Sep | 1,232 |
| Oct | 1,529 |
| Nov | 1,754 |
| DEC | 1,357 |
| JAN 08 | 1,491 |
| Feb | 1,543 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 11,694 |
| FY08 Avg | 1,462 |
| FY08 Est Total | 18,127 |

Division of Welfare & Supportive Services:
Total Energy Assistance Program Caseload
FY03 - FY08 (Projected) - Annual Total Cases
(FY08 = Actuals thru February 08; Projection March - June)



Per Capita/Key Demographics:

None

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/TANF Cash Child Only Kinship Care (COK)

Program:

This program is designed for households who do not have a work eligible individual. No adults receive assistance due to ineligibility or because the caretaker is a non-needy relative caregiver. The caretakers in these cases have no work participation requirements included in their Personal Responsibility Plan. Kinship Care caretakers receive a higher payment based on the number of children.

Eligibility:

Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items). Total household income must be less than or equal to 275% of poverty for Kinship Care caretakers.

Other: Need Standard

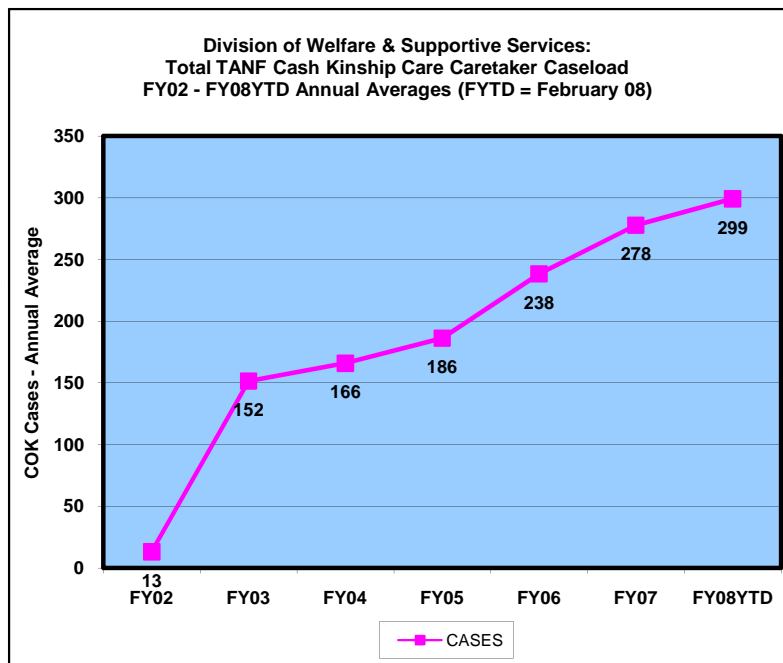
Kinship Care Allowance: 0-12 year of age = \$534 per child; 13 yrs+ = \$616 per child

Workload History:

| | |
|-------------------|-------------|
| FY 06: Avg Cases: | 238 |
| FY 06 TotExpend: | \$2,467,294 |
| FY 06 Tot#Apps: | N/A |
| FY 07: Avg Cases: | 278 |
| FY 07 TotExpend: | \$2,970,654 |
| FY 07 Tot#Apps: | N/A |

FYTD

| | |
|----------|-------|
| JUL 07 | 309 |
| Aug | 305 |
| Sep | 295 |
| Oct | 291 |
| Nov | 297 |
| DEC | 299 |
| JAN 08 | 304 |
| Feb | 294 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 2,394 |
| FY08 Avg | 299 |



Per Capita/Key Demographics:

NONE

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/TANF Cash Temporary Program (TP)

Program:

This is a monthly payment designed to meet an immediate episode of need and limited to no more than four months per episode of need. An episode of need eligible for payment from this program is one which can be resolved in a relatively short period of time provided the family did not contribute to the situation which caused the episode of need. The intent of the four month payment is to allow work-eligible individuals to become engaged in activities or self-sufficient. Reaching either state or federal time limits is not an episode of need.

Eligibility:

Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Other: Need Standard

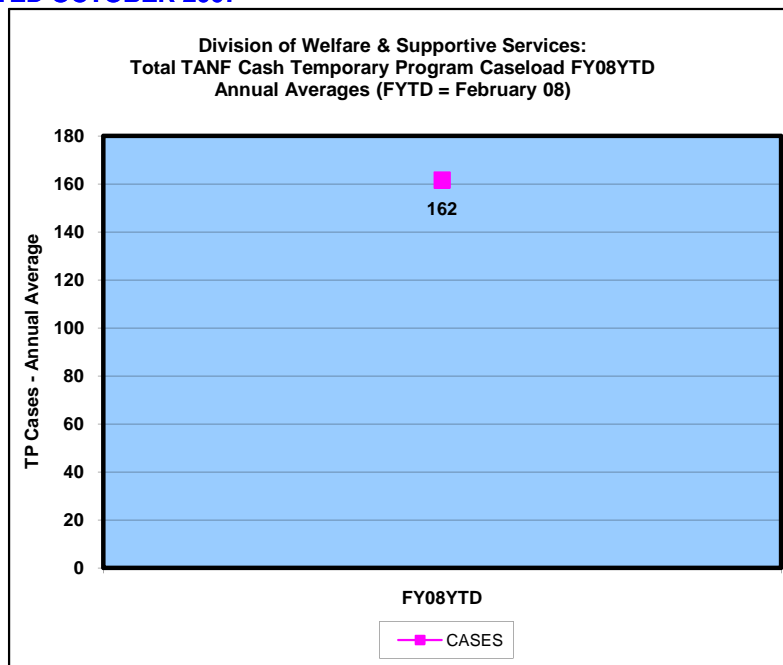
| HH Size | Need Std 100% | Pymnt allow 35% |
|---------|---------------|-----------------|
| 1 | \$638 | \$253 |
| 2 | \$856 | \$318 |
| 3 | \$1,073 | \$383 |
| 4 | \$1,291 | \$448 |
| 5 | \$1,508 | \$513 |
| 6 | \$1,726 | \$578 |
| 7 | \$1,943 | \$643 |
| 8 | \$2,161 | \$708 |

Workload History: NEW PROGRAM STARTED OCTOBER 2007

FY 06: Avg Cases: NONE
 FY 06 TotExpend: NONE
 FY 06 Tot#Apps: NONE
 FY 07: Avg Cases: NONE
 FY 07 TotExpend: NONE
 FY 07 Tot#Apps: NONE

FYTD

| | |
|----------|-----|
| JUL 07 | |
| Aug | |
| Sep | |
| Oct | 42 |
| Nov | 141 |
| DEC | 189 |
| JAN 08 | 236 |
| Feb | 200 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 808 |
| FY08 Avg | 162 |



Per Capita/Key Demographics:

NONE

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/TANF Cash Loan (TL)

Program:

Eligible households will receive a monthly payment designed to meet the family's needs until an anticipated future source of income is received. A required adult household member must have a reasonable expectation of a future source of income in order for repayment of the loan. For example, an applicant pending SSI may receive Loan benefits which will be required to be paid back upon approval and receipt of SSI benefits. These households do not have work participation requirements and must sign an agreement to repay the loan upon receipt of the lump sum.

Eligibility:

Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Other: Need Standard

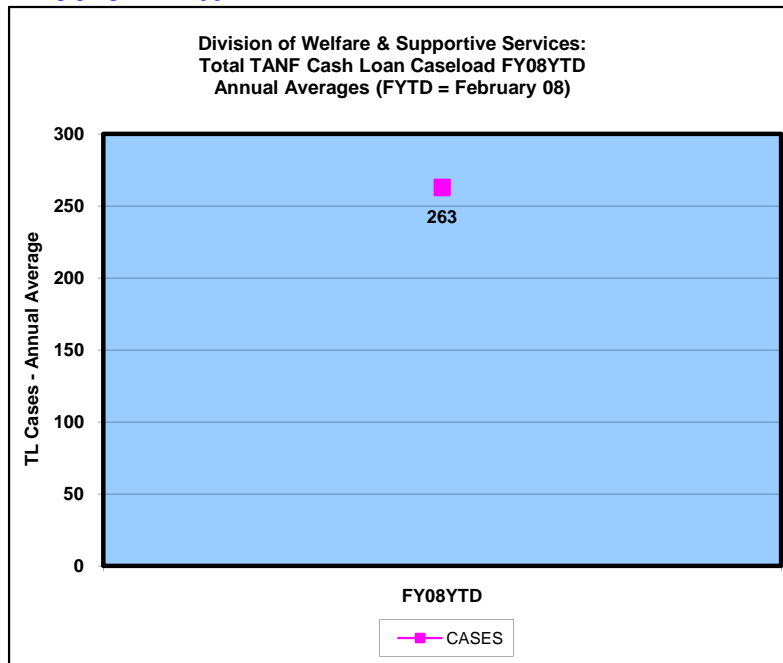
| HH Size | Need Std 100% | Pymnt allow 35% |
|---------|---------------|-----------------|
| 1 | \$638 | \$253 |
| 2 | \$856 | \$318 |
| 3 | \$1,073 | \$383 |
| 4 | \$1,291 | \$448 |
| 5 | \$1,508 | \$513 |
| 6 | \$1,726 | \$578 |
| 7 | \$1,943 | \$643 |
| 8 | \$2,161 | \$708 |

Workload History: NEW PROGRAM STARTED OCTOBER 2007

FY 06: Avg Cases: NONE
 FY 06 TotExpend: NONE
 FY 06 Tot#Apps: NONE
 FY 07: Avg Cases: NONE
 FY 07 TotExpend: NONE
 FY 07 Tot#Apps: NONE

FYTD

| | |
|----------|-------|
| JUL 07 | |
| Aug | |
| Sep | |
| Oct | 53 |
| Nov | 235 |
| DEC | 307 |
| JAN 08 | 339 |
| Feb | 380 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 1,314 |
| FY08 Avg | 263 |



Per Capita/Key Demographics:

NONE

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/TANF Cash Self Sufficiency Grant (SG)

Program:

The Self-Sufficiency Grant (SSG) is a one-time lump-sum payment designed to meet immediate needs until regular income is received from employment, child support or other ongoing sources. While the case manager can determine which families are most appropriate for this payment, the family must choose whether it is appropriate for them. SSG is an option subject to approval by both staff and the participant. The amount of the SSG payment is negotiated based on the immediate need and households must meet TANF cash income and resource standards.

Eligibility:

Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Other: Need Standard

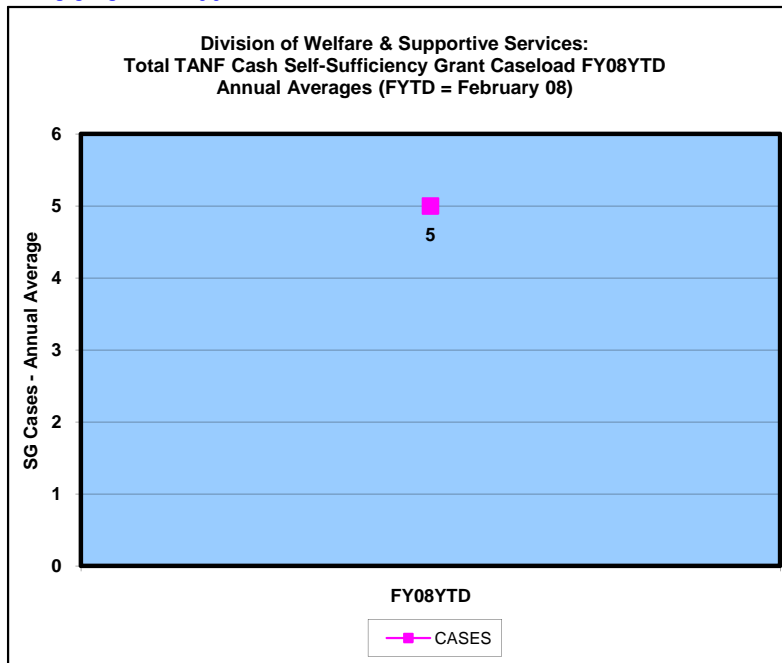
| HH Size | Need Std 100% | Pymnt allow 35% |
|---------|---------------|-----------------|
| 1 | \$638 | \$253 |
| 2 | \$856 | \$318 |
| 3 | \$1,073 | \$383 |
| 4 | \$1,291 | \$448 |
| 5 | \$1,508 | \$513 |
| 6 | \$1,726 | \$578 |
| 7 | \$1,943 | \$643 |
| 8 | \$2,161 | \$708 |

Workload History: NEW PROGRAM STARTED OCTOBER 2007

FY 06: Avg Cases: NONE
 FY 06 TotExpend: NONE
 FY 06 Tot#Apps: NONE
 FY 07: Avg Cases: NONE
 FY 07 TotExpend: NONE
 FY 07 Tot#Apps: NONE

FYTD

| | |
|----------|----|
| JUL 07 | |
| Aug | |
| Sep | |
| Oct | 2 |
| Nov | 10 |
| DEC | 6 |
| JAN 08 | 2 |
| Feb | 5 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 25 |
| FY08 Avg | 5 |



Per Capita/Key Demographics:

NONE

Source:

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Total TANF Cash

Program:

TANF Cash is a time-limited, federally-funded block grant from the U.S. Department of Health and Human Services to provide assistance to needy families so children may be cared for in their homes or in the homes of relatives. TANF provides parents/caretakers with job preparation, work opportunities and support services to enable them to leave the program and become self-sufficient.

Eligibility:

Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

Other: Need Standard

| HH Size | Need Std 100% | Pymnt allow 35% | NNCT 275% FPL | Caretaker Allow |
|---------|---------------|-----------------|---------------|-----------------|
| 1 | \$638 | \$253 | \$2,340 | \$417 |
| 2 | \$856 | \$318 | \$3,137 | \$476 |
| 3 | \$1,073 | \$383 | \$3,935 | \$535 |
| 4 | \$1,291 | \$448 | \$4,732 | \$594 |
| 5 | \$1,508 | \$513 | \$5,530 | \$654 |
| 6 | \$1,726 | \$578 | \$6,327 | \$713 |
| 7 | \$1,943 | \$643 | \$7,125 | \$772 |
| 8 | \$2,161 | \$708 | \$7,922 | \$831 |

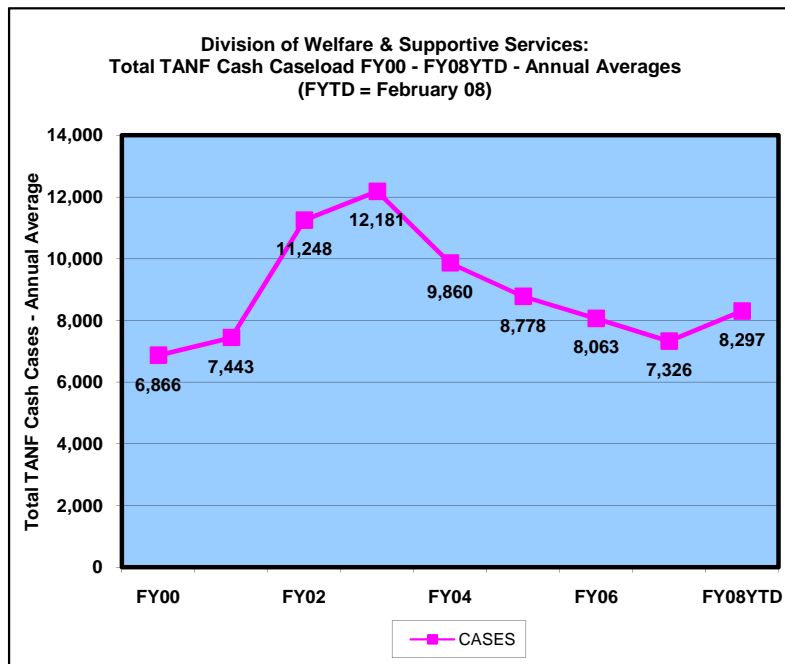
Note: Kinship Care Allowance: 0-12 year of age = \$534 per child; 13 yrs+ = \$616 per child

Workload History:

FY 06: Avg Cases: 8,063
 FY 06 TotExpend: \$32,015,344
 FY 06 Tot#Apps: N/A
 FY 07: Avg Cases: 7,326
 FY 07 TotExpend: \$29,579,790
 FY 07 Tot#Apps: N/A

FYTD

JUL 07 7,558
 Aug 7,973
 Sep 8,173
 Oct 8,347
 Nov 8,581
 DEC 8,732
 JAN 08 8,401
 Feb 8,613
 Mar
 Apr
 May
 JUN
 FY08 Tot 66,378
 FY08 Avg 8,297



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

In FY03, Nevada ranked 32nd lowest nationally for the average TANF cash grant for a family of three at \$348. High state was Alaska at \$923; second was California at \$679; and low state was Mississippi at \$170.

TANF Seventh Annual Report to Congress, December 2007

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Total TANF Medicaid Eligible

Program:

Households who meet TANF requirements but choose not to receive cash or have reached their time limits are eligible for Medicaid. In addition, households receiving TANF cash or Medicaid who become ineligible due to earned income or excess child support may remain eligible for Medicaid for up to 12 months when certain conditions are met. Households with excess earned income may remain eligible up to 12 months. Those with excess child support remain eligible for up to four months.

Eligibility:

Citizenship, residency, children's immunizations and proof of school-age children in school, social security number for each recipient, less than \$2,000 countable resources per TANF-Related Medicaid case (exceptions: 1 automobile, home, household goods and personal items). The income limits and income tests are the same as the TANF cash program.

Other: Need Statement

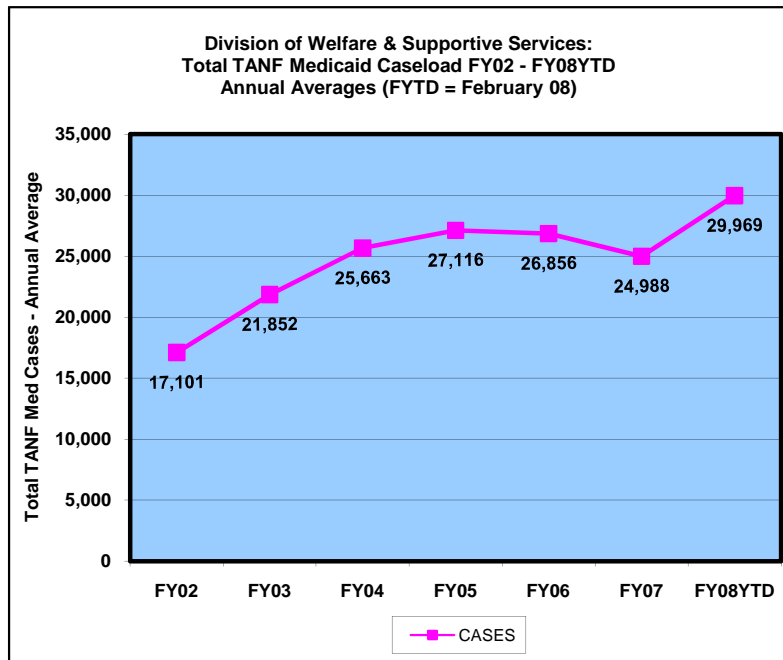
| HH Size | Need Std 100% | Pymnt allow 35% |
|---------|---------------|-----------------|
| 1 | \$638 | \$253 |
| 2 | \$856 | \$318 |
| 3 | \$1,073 | \$383 |
| 4 | \$1,291 | \$448 |
| 5 | \$1,508 | \$513 |
| 6 | \$1,726 | \$578 |
| 7 | \$1,943 | \$643 |
| 8 | \$2,161 | \$708 |

Workload History:

| | |
|-------------------|--------|
| FY 06: Avg Cases: | 26,856 |
| FY 06 Tot#Apps: | N/A |
| FY 07: Avg Cases: | 24,988 |
| FY 07 Tot#Apps: | N/A |

FYTD

| | |
|----------|---------|
| JUL 07 | 24,751 |
| Aug | 24,798 |
| Sep | 24,733 |
| Oct* | 32,911 |
| Nov | 32,800 |
| DEC | 33,211 |
| JAN 08 | 33,167 |
| Feb | 33,384 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 239,755 |
| FY08 Avg | 29,969 |



***NOTE:** DWSS & MMIS delinked starting Oct 07. TANF Cash no longer automatically Med eligible and have dual aid code.

Per Capita/Key Demographics:

None

Source

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Child Health Assurance Program (CHAP)

Program:

CHAP was first implemented in 1985 and now provides pregnancy-related Medicaid for pregnant women and full Medicaid for children under age six with income greater than 100% of the FPL but less than or equal to 133% of the FPL. Pregnant women and children up through age 19 with income less than or equal to 100% of the FPL receive full Medicaid coverage.

Eligibility:

Citizenship, residence and income at or below the two poverty levels. There is no resource test in this program; there is no requirement to live with someone with a certain relationship. In addition, anyone with whom a child resides may make application for CHAP on their behalf.

Other: Need Standard

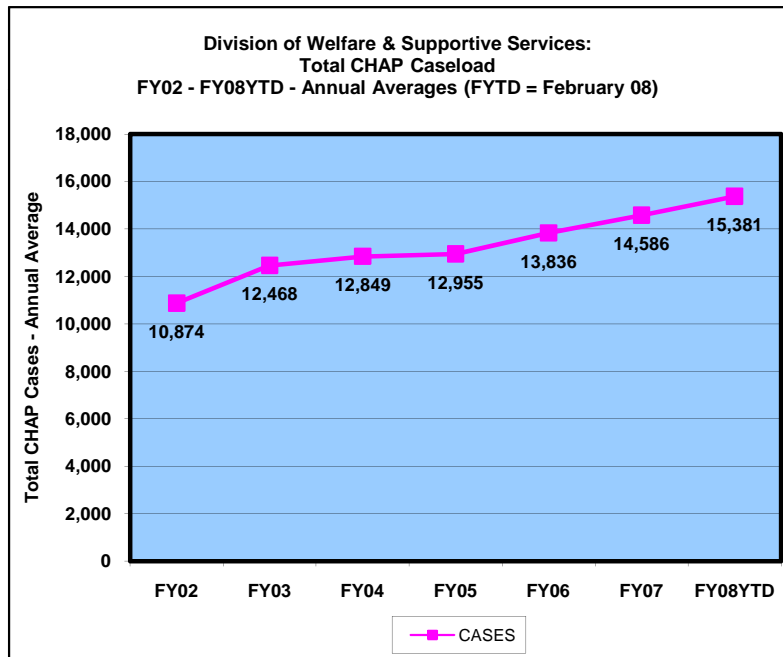
| HH Size | 100% of Poverty | 133% of Poverty |
|---------|-----------------|-----------------|
| 1 | \$867 | \$1,153 |
| 2 | \$1,167 | \$1,552 |
| 3 | \$1,467 | \$1,951 |
| 4 | \$1,767 | \$2,350 |
| 5 | \$2,067 | \$2,749 |
| 6 | \$2,367 | \$3,148 |
| 7 | \$2,667 | \$3,547 |
| 8 | \$2,967 | \$3,946 |

Workload History:

| | |
|-------------------|--------|
| FY 06: Avg Cases: | 13,836 |
| FY 06 Tot#Apps: | N/A |
| FY 07: Avg Cases: | 14,586 |
| FY 07 Tot#Apps: | N/A |

FYTD

| | |
|----------|---------|
| JUL 07 | 14,572 |
| Aug | 14,647 |
| Sep | 14,553 |
| Oct | 15,133 |
| Nov | 15,483 |
| DEC | 15,872 |
| JAN 08 | 16,159 |
| Feb | 16,629 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 123,048 |
| FY08 Avg | 15,381 |



Per Capita/Key Demographics:

None

Source

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/Total MAABD

Program:

This is a medical services program only. Many applicants are already on Medicare and Medicaid supplements their Medicare coverage. Additionally, others are eligible for Medicaid coverage as a result of being eligible for Medicaid coverage as a result of being eligible for a means-tested public assistance program. Categories are: SSI, State Institutional, Prior Med, Public Law, Katie Beckett, Home & Community Based Waivers.

Eligibility:

No age requirement, a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

Other: Need Standard

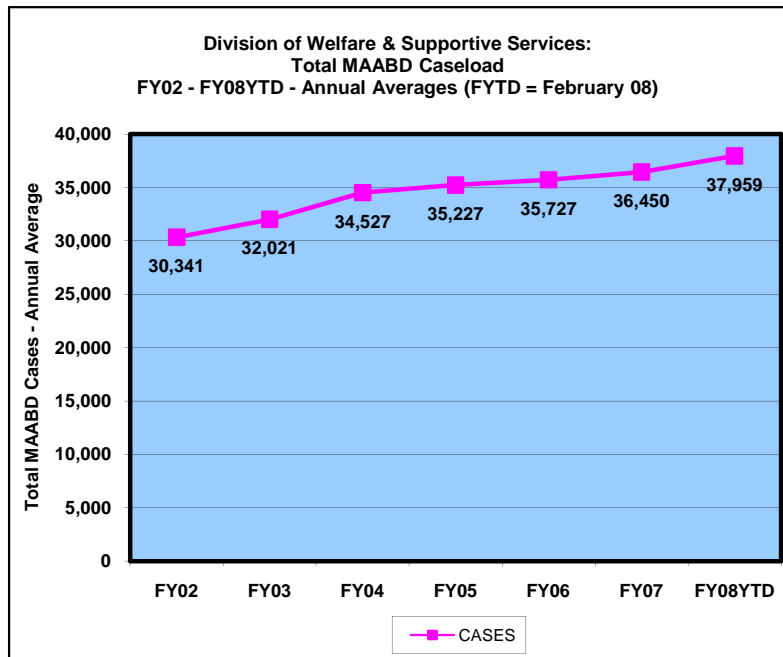
Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases : \$4,000 for an individual or \$6,000 for a couple. Other cases: \$2,000 for an individual or \$3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than \$1,500. Vehicles necessary to produce income, transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to \$4,500. Burial plots/plans.

Workload History: (With Retros)

| | |
|-------------------|--------|
| FY 06: Avg Cases: | 35,728 |
| FY 06 Tot#Apps: | N/A |
| FY 07: Avg Cases: | 36,450 |
| FY 07 Tot#Apps: | N/A |

FYTD

| | |
|----------|---------|
| JUL 07 | 37,220 |
| Aug | 37,972 |
| Sep | 37,785 |
| Oct | 37,872 |
| Nov | 38,065 |
| DEC | 38,216 |
| JAN 08 | 38,257 |
| Feb | 38,285 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 303,672 |
| FY08 Avg | 37,959 |



Per Capita/Key Demographics:

None

Source

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/County Match

Program:

Under an agreement with the Welfare Division, Nevada Counties pay the non-federal share of costs for institutionalized persons whose monthly income is between \$941 and 300% of the SSI payment level.

Eligibility:

No age requirement, a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

Other: Need Standard

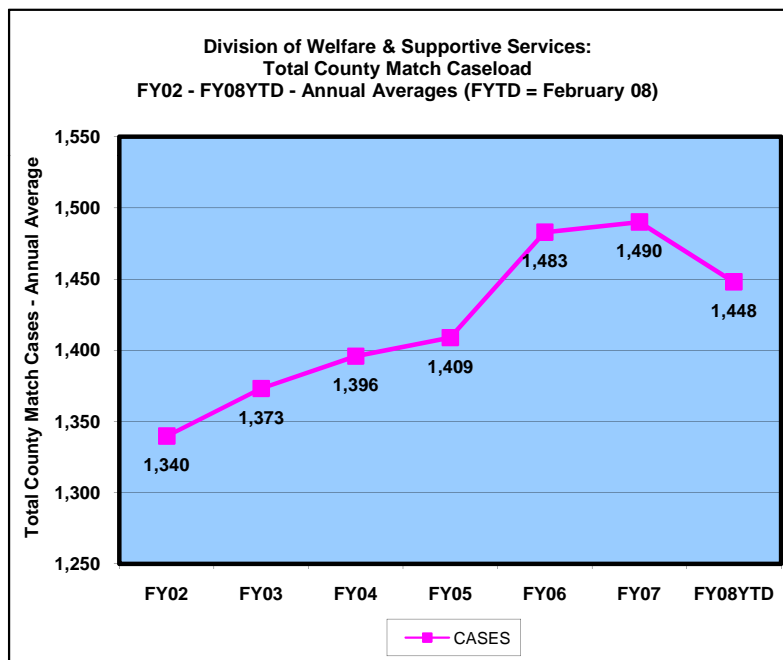
Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases : \$4,000 for an individual or \$6,000 for a couple. Other cases: \$2,000 for an individual or \$3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than \$1,500. Vehicles necessary to produce income, transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to \$4,500. Burial plots/plans.

Workload History: (With Retros)

| | |
|-------------------|-------|
| FY 06: Avg Cases: | 1,483 |
| FY 06 Tot#Apps: | N/A |
| FY 07: Avg Cases: | 1,490 |
| FY 07 Tot#Apps: | N/A |

FYTD

| | |
|----------|--------|
| JUL 07 | 1,449 |
| Aug | 1,449 |
| Sep | 1,423 |
| Oct | 1,450 |
| Nov | 1,459 |
| DEC | 1,447 |
| JAN 08 | 1,442 |
| Feb | 1,465 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 11,584 |
| FY08 Avg | 1,448 |



Per Capita/Key Demographics:

None

Source

Nevada Department of Health and Human Services, Director's Office

"Quick Facts": DWSS/New Employees of Nevada (NEON)

Program:

The Nevada Division of Welfare and Supportive Services' TANF Employment and Training Program is called "New Employees of Nevada (NEON)". The program provides a wide array of services designed to assist TANF households become self-sufficient primarily through training, employment and wage gain; thereby, reducing or eliminating their dependency on public assistance programs. NEON provides support services in the form of child care, transportation, clothing, tools and other special need items necessary for employment.

Eligibility:

Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This **includes** all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This **excludes** minor parents not HOH or married to the HOH, aliens not eligible for TANF, SSI recipients, parents caring for disabled family members in the home and tribal TANF recipients.

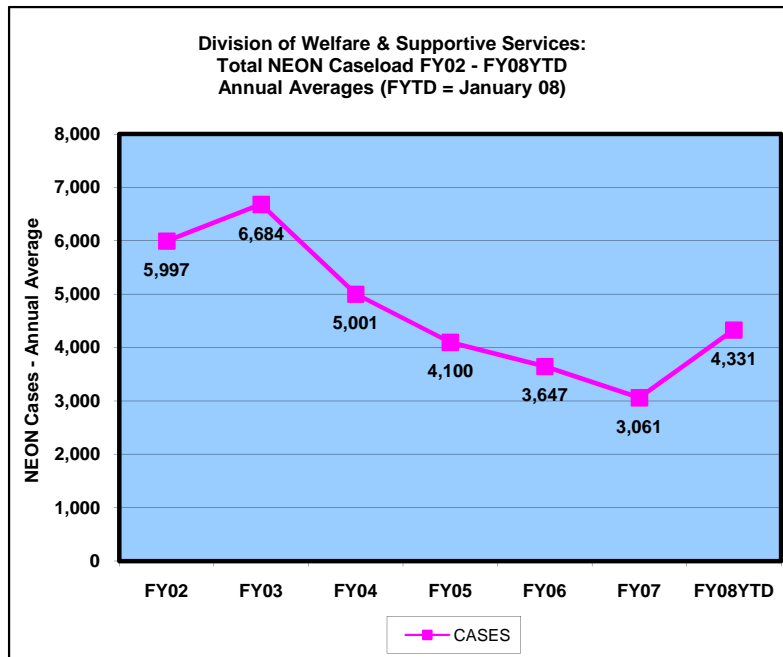
Other: NONE

Workload History:

FY 06: Avg Cases: 3,647
FY 07: Avg Cases: 3,061

FYTD

| | |
|----------|--------|
| JUL 07 | 3,777 |
| Aug | 3,917 |
| Sep | 3,469 |
| Oct | 4,923 |
| Nov | 4,746 |
| DEC | 4,737 |
| JAN 08 | 4,577 |
| Feb | 4,501 |
| Mar | |
| Apr | |
| May | |
| JUN | |
| FY08 Tot | 34,647 |
| FY08 Avg | 4,331 |



Per Capita/Key Demographics:

Include year to which Nevada's ranking refers and include high state and low state for that year.

None

Source:

Nevada Demographics/Key Comparisons

June 25, 2008

POPULATION/DEMOGRAPHICS

- Nevada has been the fastest growing state in the rate of population growth for 19 of the last 20 years. Nevada was the fastest growing state in rate of population growth for nineteen consecutive years from 1987-2005 but was supplanted by Arizona July 1, 2006, BUT regained the number one position on July 1, 2007. (U.S. Census, Press Releases, Dec 22, 2005, CB05-187; Dec 22, 2006, CB-06-187; and Dec 27, 2007 CB07-184)
- Nevada has been the fastest growing state in rate of population growth for the last five consecutive decennial censuses, 1960-2000 (U.S. Census, Statistical Abstract of the United States, 2004-2005, Table HS-5. Percent Change 1900 to 2004)
- Nevada will continue to be the fastest growing state in rate of population growth to 2030, increasing 114.3% from 2000 to 2030 (U.S. Census, Population Division, Interim State Population Projections, Table 1., 2005)
 - By 2030, Nevada's projected population will be 4,282,102
 - This growth will boost Nevada from 35th to 28th in population nationwide
 - Nevada will be a mid-size state rather than a small state
- Nevada's July 1, 2008 estimated population is 2,851,387 (Nevada State Demographer, Jul 2006, latest on Internet as of Jun 25, 2008)
 - By Age: 0-4 = 7.2%; 5 = 1.4%; 6-18 = 17.8 %; 19-64 = 62.2%; 65+ = 11.4%
65-74 = 6.8%; 75-84 = 3.5%; 85+ = 1.0%
 - By Race/Ethnicity: Caucasian, not of Hispanic Origin (NHO) 60.0%; African American (NHO) 6.9%; Native American, Eskimo or Aleut (NHO) 1.3%; Asian or Pacific Islander (NHO) 6.8%; Hispanic, any race 25.1%
 - Nation's minority population 33% (U.S. Census 2007)
 - Nevada's minority population 39.1% (NV State Demographer)
 - By Gender: Males 50.8%; Females 49.2%
 - By County: Clark 73.1%; Washoe 15.0%; Carson City 2.0%; Balance-of-State 9.9%

EMPLOYMENT

- Nevada's current **unemployment rate** is above the national average. In February 2008, Nevada's rate was **5.5%** compared to the U.S. rate of **4.8%**. (*Nevada Department of Employment, Training and Rehabilitation, Mar 28, 2008*)
- Nevada's 2007 average unemployment rate of **4.8%** was above the national rate of **4.6%** (*U.S DOL-BLS, Mar 18, 2008*)

POVERTY

- The 2008 Health and Human Services poverty guideline for one person at 100% of **poverty is \$10,410 per year**, and \$21,200 for a family of four. (*Federal Register, Vol. 73, No. 15, Jan 23, 2008*)
- **Total population poverty rate and ranking** for **2006** Nevada and the U.S. are: **Nevada 9.5% (38th)**; U.S. **12.1%** (*U.S. Census, 2006, POV46, August 2007*)
- **Children's poverty rate and rankings**: 1990 14.6% (13th); 2000 = 17.3% (27th); 2003 = 13.7% (27th); 2004 = 14.8% (24th); 2005 = 13.8% (19th); 2006 = 13.4 (15th) **2007 = 12.6% (11th)** (*United Health Foundation, 2004-07; and U.S. Census for 2003*)
- All persons in **female-headed households with children, no husband, below 200% poverty, 2006**: Nevada = **65.2%**; **U.S. = 66.0%** (*U.S. Census, 2007*)
- **Older persons 65+ below 200% poverty, 2006**: **Nevada 30.9%**; **U.S. 36.4%** (*U.S. Census, 2007*)
- Older women in Nevada are substantially more impoverished than Nevada's older men
 - **73.4%** of all women in Nevada ages 62+ had annual incomes less than \$19,999 compared to **39.5%** of all men ages 62+ (*both of above, U.S. Census, 2004 for 2000 data, Special Query*)
- Nevada's Working Poor Families
 - The definition of a working poor family is one with:
 - ✓ One or more children
 - ✓ At least one member working or actively seeking work
 - ✓ Having a family income of 200 percent of poverty or less

- **31.5%** of Nevada's working families are working poor – Nevada ranks **33rd**
- **39%** of Nevada's children are in working poor families – Nevada ranks **40th**
- **44.7%** of Nevada's minority working families are working poor families – Nevada ranks **32nd** *(all of above from Annie E. Casey and Rockefeller Foundation, 2004, latest data available as of Jan 4, 2007)*

CHILDREN

- Economic security: Nevada's children living in families where no parent has full-time year round employment is **deteriorating** in national rankings, from **11th** in 1996 **to 16th** in 2005, and the rate is **deteriorating** from **23%** in 1996 **to 31%** in 2005 *(Kid's Count, 2007)*
- There are 351,441 families in Nevada and 631,576 children.
 - Of these children, 38 percent live in families that are low-income defined as twice the federal poverty level
 - At the national level, 39 percent of children live in low-income families *(National Center for Children in Poverty, "NEVADA: Family Economic Security Profile," Columbia University, 2008)*
- More children live in households headed by a single parent: Nevada's rate **increased** from **27%** in 1996 **to 32%** in 2005
 - Nevada's ranking declined to **31st** *(Kid's Count, 2007)*

Medicaid spending improves children's lives:

- In a comparison of the 50 states, for every increase of \$100 Medicaid expended per child, the child death rate was reduced by 1.9% *(Kristen Harknett, "Are Public Expenditures Associated with Better Child Outcomes in the U.S.?" 2005)*
- Child Welfare: All fifty states have participated in a **Child and Family Service Review**. The states' strengths and weaknesses were identified. The review measured **safety, permanency and well-being of kids**.
 - Nevada ranked **39th** in our ability to ensure that children served by the child welfare system **receive adequate services to meet their physical and mental health needs**
 - Nevada ranked **50th** in **keeping children safe** in their homes whenever possible and appropriate
 - Nevada ranked **43rd** in helping families have enhanced **capacity to provide for their children's needs**

SENIORS

- While Nevada's 2000 population aged 65+ is proportionately less than the national average, 11.0 and 12.4 respectively, since 2000 those aged 65+ have been increasing at a faster rate in Nevada than any other state (U.S. Census, "Annual Estimates of the Resident Population by Selected Age Groups . . . , July 1 2003 and April 2, 2000")

- Nevada's 65+ population will increase more than any other state, 264.1%, from 2000 to 2030**

[U.S. Census Bureau, Population Division, Table 4: Interim Projections: "Change in Total Population and Population 65 and Older, by State; 2000 to 2030," Internet release: April 21, 2005]

Percent and Rank of Population Age 65 and Older: 2000, 2010, 2030

| | 2000 | 2010 | 2030 |
|--------|-------------------------------|-------------------------------|-------------------------------|
| U.S. | 12.4% | 13.0% | 19.7% |
| Nevada | 11.0% - rank 45 th | 12.3% - rank 41 st | 18.6% - rank 37 th |

(U.S. Census Bureau, Population Division," Table 3: Interim Projections: Ranking of States by Projected Percent of Population Age 65 and Older: 2000, 2010, and 2030," Internet release: April 21, 2005.)

- Of Nevadans ages 65+, 30.9% were under 200% of poverty in 2006 (U.S. Census Bureau, POV46, Aug 28, 2007)
- In 2006, of Nevadans ages 65+, 38.7% had some disability (U.S. Census, 2006, American Community Survey)
- Nursing Facility Residents, 2002:

Nursing Facility Residents

Number

Percent of 65+ Population

Nevada

4,200

1.7%

U.S.

1,346,686

3.8%

(U.C. San Francisco Study, 2003)

DISABILITY

- Estimates show 11% of Nevada's non-institutionalized 2006 population 21 to 64 years with a disability and ranks 10th best (W.Va is worst at 21.9%; U.S. average is 13% and best is New Jersey at 9.7%). For those 65+, Nevada has 38.7% with a disability and ranks 14th best (Miss. is worst at 52%; U.S. average is 41% and Minn. is best at 34.8%). (U.S. Census, 2006 American Community Survey, Tables R1802 and R1803, respectively, Mar 18, 2008))
- Disability population in Nevada increased by 157% between 1990 and 2000, while that of the nation decreased by 2% in the same period (Nevada's Strategic Plan for People with Disabilities, 2002)

- **210,000** Nevadans have some level of hearing loss (*Kochkin, Sergei, "MarkeTrak VII, Hearing Loss Indices," 2004*)
 - **2007 monthly average** calls made thru **Relay Nevada** was **25,400** (*CY2007 Monthly Traffic Report, Sprint to ODS*)
- **Developmental Services:**
 - **Community Waiver Expenditures:** Per Capita **\$23.00**; national average **\$66.00**; FY06 **ranking 49th**
 - **Family Support Expenditures:** Per Family **\$2,709**; national average **\$5,400**; FY06 **ranking 41st**
 - **Fiscal Effort** for all Services, Expenditures per \$100,000 of State Income: Nevada **\$1.34**; national average **\$4.12**; FY06 **ranking 51st**
 - ✓ Fiscal Effort for Community Services, Expenditures per \$100,000 of State Income: Nevada **\$1.13**; national average **\$3.35**; FY06 **ranking 51st**
 - ✓ Fiscal Effort for Institutional Services, Expenditures per \$100,000 of State Income: Nevada **\$0.21**; national average **\$0.78**; FY06 **ranking 38th** (*all of above from State of States, 2008*)

HEALTH

- **Nevada's overall ranking** from the Annie E. Casey Foundation's 10 infant, children and teen indicators has **improved** over time from **35th** in 1996 **to 33rd** in 2005
- **Low birth weight babies:** Nevada's rate has **deteriorated** from **7.5%** of all live births in 1996 to **8.0%** in 2004
 - Nevada's ranking has **improved** from **25th** in 1996 **to 22nd** in 2004
- **Infant mortality rate:** Nevada's rate **deteriorated** from **6.2** deaths per 1,000 live births in 1996 to **6.4** in 2004
 - Nevada's ranking **has dropped to 23rd**
- **Child death rate:** Nevada's rate **improved** from **30** deaths per 100,000 children ages 1-14 in 1996 **to 21 in 2004**

- Nevada's ranking **improved** from **34th to 20th**
 - **Teen birth rate:** Nevada's teen birth rate **improved** from **63** births per 1,000 females ages 15-19 in 2000 **to 51** in 2004
 - Nevada's ranking **improved** from **44th to 39th** (*all of above from Kid's Count, 2007*)
 - **Prevalence of smoking,** rates and rankings: **improved**, 1990 **35.7% (50th)**; 2000 **31.5% (49th)**; 2003 **26.0% (38th)**; 2004 **25.2% (37th)**; 2005 **23.2% (35th)**; 2006 **23.1% (39th)**; 2007 **22.2% (36th)**
 - **Obesity,** rates (**rising**) and rankings (**mixed**) from **12.5% (36th)** in 1990; 2000 **15.8% (8th)**; 2004 **21.2% (18th)**; 2005 **21% (11th)**; 2006 **21.2% (8th)**; 2007 **25% (24th)**
 - **Infectious diseases,** rates per 100,000 population, have **improved** from **49.8% (43rd)** in 1990; 2000 **43.6% (44th)**; 2004 **22.7% (34th)**; 2005 **23% (33rd)**; 2006 **19.6% (32nd)**; 2007 **20% (33rd)** (*all of the above from United Health Foundation, 2007*)
 - **Immunizations:** Nevada's immunization rate for two-years olds **trend is mixed** from **64.1% in 2002** compared to **76.3%** nationally; and in **2003, 78%** for Nevada compared to 82% nationally; but **fell** to **71%** in 2004 and 2005 compared to 83% nationally in 2005 (*Kid's Count, 2007*)
 - **Suicide:**
 - Nevada's 2005 suicide rate is **19.9 per 100,000 population** (*American Assoc. of Suicidology, Jan 17, 2008*)
 - ✓ The 2005 national rate was **11.0** (*American Assoc. of Suicidology, Jan 17, 2008*)
 - ✓ Nevada's rate has been **85% - 100%** higher than the national average for the last several decades
 - **Suicide is the 6th leading cause of death in Nevada** and the **11th leading cause** of death in the **U.S.** in 2005 (*National Center for Injury Prevention and Control, CDC*)
 - **Nationally, 3rd leading cause for young**
 - ✓ **Nevada, 2nd for those aged 15-24 and 25-34** (*both from same as above, CDC*)
- Nevada's senior suicide rate, ages 60+, is not only the highest in the nation but is more than double that of the national average and has been for the last several decades**
- ✓ National rate for seniors 65+ is 14.7 per 100,000
 - ✓ Nevada rate for seniors 65+ is 36 per 100,000 (*all above from CDC, WISQARS, via DHHSDO, Off. Suicide Prevention*)

- Nevada's rate for Caucasians is often more than **double** the rate for minorities with the exception of Native Americans (NV DHHSDO Office of Suicide Prevention, Jan 2007 based on CDC and the Nevada State Health Division data)
- 2007 Nevada **TEEN attempted** suicides requiring treatment by a doctor or nurse:
 - ✓ 8.7% of Nevada high school students attempted suicide.
 - ✓ Of those attempts, 40% required treatment by a doctor or nurse (CDC Youth Risk Behavior, 2007)

- **Mental Health**

- Nevada's FY06 prevalence rate for Serious Mental Illness (SMI) and Severe Emotional Disturbance (SED) is **4.3%**
 - ✓ An estimated **112,791** Nevadans are SMI/SED (adjusted for 2006 State Demographer population)
 - ✓ Unmet need: An estimated 31,969 children and adults did not receive services
- Nevada's FY04 per capita spending for all MH was **\$54.45** compared to the national average of **\$98.00** (updated data available from NRI Jun '08)
 - ✓ Nevada ranked **41st** nationally in 2004 (State Profiles and Expenditures, NASMHPG-Research Institute)
- Nevada's FY07 children and youth ages 17 and under make up 22.3% of all Mental Health and Developmental clients served in rural Nevada (FY2007)
- In fiscal year 2007, 1,560 children ages 17 and under received mental-health services in Nevada Rural Clinics (Unpublished data report, MHDS)

MEDICAL CARE

- Medicaid programs have long had an institutional bias
 - Medicaid Home and Community Based Services spending as percent of Total Medicaid, 2005:
 - Nevada, 37%, ranked 23rd
 - Medicaid nursing facility spending as percent of Total Medicaid, 2005:
 - Nevada 53%, ranked 24th

- Medicaid personal care expenditures per person in the state, 2005

- Nevada \$18, ranked 18th (all of above from Houser et al, *Across the States*, seventh edition, 2006, AARP Public Policy Institute, pgs. W20,21,28. latest as of Mar 18, 2008)

- Medicaid Per Capita Spending:

| | <u>Nevada Avg.</u> | <u>Ranking</u> | <u>National Avg.</u> | <u>High State</u> |
|---------|--------------------|------------------------|----------------------|-------------------|
| FFY1997 | \$268.44 | 51 st | \$586.84 | \$1,478.85 |
| FFY1998 | \$276.66 | 51 st | \$611.26 | \$1,531.27 |
| FFY1999 | \$280.13 | 51 st | \$645.16 | \$1,608.67 |
| FFY2000 | \$296.40 | 51 st | \$691.57 | \$1,588.86 |
| FFY2001 | \$321.84 | 51 st | \$756.96 | \$1,720.98 |
| FFY2002 | \$372.73 | 51 st | \$853.29 | \$1,895.20 |
| FFY2003 | \$468.48 | 49 th of 50 | \$878.50 | \$1,764.87 |
| FFY2004 | \$445.72 | 51 st | \$980.95 | \$2,159.20 |
| FFY2005 | \$490.26 | 51 st | \$1,027.18 | \$2,318.46 |
| FFY2006 | \$471.90 | 51 st | \$1,015.46 | \$2315.95 |

(U.S. DHHS, Center for Medicare and Medicaid Services; NASBO; KFF, and U.S. Census Bureau, latest as of March 18, 2008)

- Uninsured Rates:

- **456,999 Nevadans, or 18%, were without health insurance in 2005-2006**

- Nevada ranked 9th highest nationally (KFF, Nov 2007)

- **115,766, or 17%, of Nevada's children ages 0-18, were without health insurance in 2005-2006**

- Nevada ranked 5th highest nationally (KFF, Nov 2007)

- Percent uninsured and rankings over time (United Health Foundation, 2007)

| | <u>Percent Uninsured</u> | <u>State Ranking #1 =</u> <u>lowest</u> |
|------|--------------------------|--|
| 1990 | 20.9% | 47 th |
| 2000 | 18.3% | 44 th |
| 2003 | 19.7% | 48 th |
| 2004 | 18.9% | 44 th |
| 2005 | 18.5% | 44 th |

| | | |
|------|-------|------------------|
| 2006 | 17.1% | 39 th |
| 2007 | 19.6% | 44 th |

- The average cost of health insurance through a private employer for a Nevada individual in 2005 was \$4,248, and the average cost for a family was \$9,496

- For the individual, **\$490** of that amount, and **\$1,095** for a family, **is due to the unreimbursed cost of health care for the uninsured** (*Families USA, June 2005*)

- **Consequences of Lack of Health Insurance**

- In Nevada, more than **five people between the ages of 25-64 die each week** due to lack of health insurance
 - 290 in 2006
 - 1,600 between 2000-2006 (all above from Families USA, *Dying for Coverage in Nevada*, March 2008, 2)

- **Adequacy of Prenatal Care**

| | <u>Percent Entered Prenatal Care</u> | <u>State Ranking</u> |
|------|--------------------------------------|----------------------|
| | <u>1st Trimester</u> | |
| 1990 | 65.7% | 38 th |
| 2000 | 67.5% | 48 th |
| 2003 | 68.2% | 46 th |
| 2004 | 70.1% | 39 th |
| 2005 | 71.6% | 36 th |
| 2006 | 66.8% | 45 th |
| 2007 | 66.8% | 45 th |

(United Health Foundation, 2007)

PUBLIC ASSISTANCE

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; **Nevada was one of 9 states that provided minimum coverage** at 133% of poverty through FY2006 (*KFF, State Health Facts, 2005*)
 - However, **effective December 1, 2006**, pregnant women were covered up to **185% of poverty** (*DHCFP, HIFA Waiver*)
 - ✓ Feb 2008 enrollment = 65 (*DWSS/R&S, Mar 2008*)

- Nevada has lower TANF eligibility—Nevada ranks **41st** nationally in TANF needs test (*TANF Sixth Annual Report to Congress-Seventh Annual Report does not update*)
- Nevada does **not** have a medically needy program—Nevada is **one of 15** states with no medically needy program (*Kaiser Family Foundation, 2007*)
- Nevada ranks **32nd** nationally when average TANF cash grants are compared (*TANF Sixth Annual Report to Congress-7th no new data*)
- Nevada ranks **50th** of 51 in Food Stamp Participation rate for 2005 deteriorating from **42nd** for 2004 (*USDA, Oct 2007, Mathematica Inc., for 2005 data*)
 - Nevada **49% participation rate for 2005**
 - National average **65%**
 - High is Missouri **95%**
 - Low is **Nevada** and Wyoming at **49%**
- The U.S. DHHS Office of Family Assistance measures states' public assistance programs in a number of areas and ranks the states' efforts:

| Category | '98 Rank | '99 Rank | '00 Rank | '01 Rank | '02 Rank | '03 Rank | '04 Rank |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Employment | | | | | | | |
| <i>Job Entry</i> | 5 | 5 | 7 | 26 | 19 | 15 | 13 |
| <i>Job Retention</i> | 28 | 25 | 17 | 23 | 13 | 13 | 11 |
| <i>Earnings Gain</i> | 20 | 25 | 23 | 37 | 26 | 39 | 32 |
| <i>Success in Workforce (Ret + Earn)</i> | 31 | 26 | 15 | 34 | 11 | 29 | 18 |
| | | | | | | | |
| Child Care | | | | | | | |
| <i>Subsidies</i> | n/a | n/a | n/a | 46 | 33 | 23 | N/A |
| <i>Accessibility</i> | n/a | n/a | n/a | 45 | 44 | 29 | N/A |

| | | | | | | | |
|--|-----|-----|-----|----------|----------|----------|-----|
| <i>Affordability < Pov</i> | n/a | n/a | n/a | 46 | 12 | 4 | N/A |
| <i>100-125% Pov</i> | n/a | n/a | n/a | 47 | 24 | 13 | N/A |
| <i>125-150% Pov</i> | n/a | n/a | n/a | 47 | 41 | 23 | N/A |
| <i>150-175% Pov</i> | n/a | n/a | n/a | 47 | 42 | 24 | N/A |
| <i>Number Elig State Compared to Fed</i> | n/a | n/a | n/a | 5 | 5 | 4 | N/A |
| | | | | | | | |
| Family Formation/Stability | n/a | n/a | 38 | 25 | 30 | 33 | 31 |

(U.S. DHHS, Administration for Children and Families, 2004, no new updates as of Mar 18, 2008)

- **Child Support Enforcement:** The U.S. DHHS Office of Child Support Enforcement measures states using five Performance Indicators, FFY05 PRELIMINARY Data (Source: ACF/OCSE Unaudited Incentive Performance Scores, FY06, Table#12)

| <u>Performance Indicators</u> | <u>Nevada Percent</u> | <u>National Average</u> |
|-------------------------------|-----------------------|-------------------------|
| Paternity Established | 69.35% | 89.76% |
| Orders Established | 66.80% | 77.35% |
| Current Support Collected | 45.92% | 60.35% |
| Arrearages Collected | 51.53% | 60.79% |
| Cost Effectiveness Ratio | \$3.34 | \$4.58 |

FUNDING

- In 2006, Nevada ranked **49th** in federal spending received per dollar of tax paid)
 - For each dollar Nevada sends to the federal government, Nevada receives **\$0.65**
 - New Mexico is highest at \$2.03 (All of above from Tax Foundation, Special Report #158, Oct 19 2007)
- For FFY2006, Nevada ranks **50th** in total federal expenditures per capita
 - **Nevada receives \$5,852 per capita**
 - National average **\$8,058**
 - **High \$16,263 (Louisiana); 2nd highest Mississippi \$14,516; 3rd highest Alaska \$13,805; 4th highest VA \$13,485**
(All of above from U.S. Census, Consolidated Federal Funds Report, FY06, Apr 2008)